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Person of the Month
Erik Erikson (1902-1994)

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Message from the Desk of Editor

It gives me great opportunity to present the forth volume of IJIP, the measure of progress. The concept of a Journal of Indian Psychology has been developing for over few years and finally another issue has come to fruition. From this edition we will have ISSN for online 2348-5396 and print 2349-3429, ZDB-No.: 2775190-9, IDN: 1052425984, CODEN: IJIPD3, OCLC: 882110133, WorldCat Accession: (DE-600) ZDB2775190-9, ResearchID: P-8455-2015 in our publication. RedShine Publication, Inc is grateful to the contributors for making this Journal a reality.

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The journal gives preference to psychological oriented studies over experimental and mind studies.

The Journal would publish peer-reviewed original research papers, case reports, systematic reviews and meta-analysis. Editorial, Guest Editorial, Viewpoint and letter to the editor are solicited by the editorial board. Large numbers of research papers were received from all over the globe for publication and we thank each one of the authors personally for soliciting the journal. We also extend our heartfelt thanks to the reviewers and members of the editorial board who so carefully perused the papers and carried out justified evaluation. Based on their evaluation, we could accept some research papers for this issue across the disciplines. We are certain that these papers will provide qualitative information and thoughtful ideas to our accomplished readers. We thank all the readers profusely who conveyed their appreciation on the quality and content of the journal and expressed their best wishes for future issues. We convey our deep gratitude to the Editorial Board, Advisory Board and all office bearers who have made possible the publication of this journal in the planned time frame.

We humbly invite all the authors and their professional colleagues to submit their research papers for consideration for publication in our upcoming issues as per the "Scope and Guidelines to Authors" given at the website. Any comments and observations for the improvement of the journal are most welcome.

Prof. Suresh Makvana, PhD[1]
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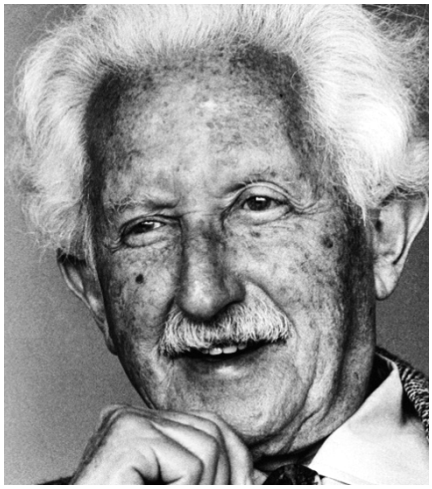
Person of the Month: Erik Erikson (1902-1994)

Ankit Patel[1]

Born	15 June 1902 Frankfurt am Main, Hesse, Germany
Died	12 May 1994 Harwich, Cape Cod, Massachusetts, U.S.
Citizenship	American, German
Known for	Theory on social development
Fields	Developmental psychologist



Erik Homburger Erikson was a German-born American developmental psychologist and psychoanalyst who pioneered in the world of child psychology by giving his development theory with his 'eight psychosocial stages'. He was born in Frankfurt in unusual circumstances in which his mother did not conceive him through her husband but he never got to know who his biological father was. It is said that the history of his birth is something that triggered the need in him to pursue the concept of identity and it is how he gave the world the psychological term 'identity crisis', a major contribution to the world of psychology and psychoanalysis. He grew up in Germany and came in contact with the world of psychoanalysis when he met Sigmund Freud's daughter Anna Freud. He studied psychoanalysis at the Vienna Psychoanalytic Institute but Nazi invasion of Germany led to his emigration to America. In America, Erikson found a wide scope to practice psychoanalysis on children in Boston and worked at various medical institutes, including the Harvard University and California University. He studied the psychology of children from various social structures, environments, emotional and psychological issues and compiled his observations in the most prominent book of his career, 'Childhood and Society'. Erikson is also credited with being one of the originators of Ego psychology, which stressed the role of the ego as being more than a servant of the id. According to Erikson, the environment in

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which a child lived was crucial to providing growth, adjustment, a source of self-awareness and identity. Erikson won a Pulitzer Prize and a U.S. National Book Award in category Philosophy and Religion for Gandhi's Truth (1969), which focused more on his theory as applied to later phases in the life cycle.

The Erikson life-stage virtue, in order of the eight stages in which they may be acquired, are:

1. Hope, Basic trust vs. basic mistrust
2. Will, Autonomy vs. Shame
3. Purpose, Initiative vs. Guilt
4. Competence, Industry vs. Inferiority
5. Fidelity, Identity vs. Role Confusion
6. Love, Intimacy vs. isolation
7. Care, Generativity vs. stagnation
8. Wisdom, Ego integrity vs. despair
9. Psychosocial Crises

Most Cited works

1. Childhood and Society (1950)
2. Young Man Luther. A Study in Psychoanalysis and History (1958)
3. Identity: Youth and Crisis (1968)
4. Gandhi's Truth: On the Origin of Militant Nonviolence (1969)
5. Adulthood (edited book, 1978)
6. Vital Involvement in Old Age (with J.M. Erikson and H. Kivnick, 1986)
7. The Life Cycle Completed (with J.M. Erikson, 1987)

TIMELINE

- **1902:** Erik Erikson was born in Frankfurt, Germany to Karla Abrahamsen and Waldemar Isidor Salomonsen, who was a Jewish stockbroker. He was born to his mother under the circumstances where his mother had not seen his father for several months. He was registered as Erik Salomonsen at birth and there is no information available about his biological father. Shortly after he was born, his mother moved to Karlsruhe to become a nurse and got remarried to a pediatrician, Theodor Homburger.
- **1908:** Erik Salomonsen's name was changed to Erik Homberger.
- **1911:** Erickson was officially adopted by his stepfather, Theodor Homburger and he became Erik Homburger. The story of his birth was kept from him for a long time and he grew up not knowing who his real father was.
- **1930:** Erikson married Joan Serson Erikson and remained married to her until his death. They had 4 children together. His son, Kai T. Erikson is a prominent American sociologist.

- **1931:** Erikson married Joan Mowat Serson, a Canadian dancer and artist whom Erikson had met at a dress ball. During their marriage Erikson converted to Christianity.
- **1933:** He received his diploma from the Vienna Psychoanalytic Institute. This and his Montessori diploma were to be Erikson's only earned academic credentials for his life's work.
- **1933**: While Erikson was being trained in psychoanalysis, Nazis took over Germany and he had to leave the country. He first moved to Denmark and then emigrated to States where he became the first child psychoanalyst in Boston.
- **1933:** With Hitler's rise to power in Germany, the burning of Freud's books in Berlin and the potential Nazi threat to Austria, the Eriksons left an impoverished Vienna with their two young sons and emigrated to Copenhagen. Unable to regain Danish citizenship because of residence requirements, the Eriksons left for the United States, where citizenship would not be an issue
- **1936**: Erikson joined Harvard University and worked at the Institute of Human Relations, while teaching at the Medical School. Side by side, he was also studying a set of children on a Sioux reservation in South Dakota.
- **1937:** Erikson left Harvard and joined the staff of the California University in 1937. He associated with the Institute of Child Welfare there and opened his private practice. He also devoted his time in studying the children of the Yurok tribe.
- **1939**: He left Yale, and the Eriksons moved to California, where Erik had been invited to join a team engaged in a longitudinal study of child development for the University of California at Berkeley's Institute of Child Welfare.
- **1950:** After publishing the book, Childhood and Society, for which he is best known, Erikson left the University of California when California's Levering Act required professors there to sign loyalty oaths.
- **1950:** All of his observations of children of different environments and breeds led to compilation of the most famous book of his psychology career, ‘Childhood and Society’ in 1950. The book introduced the world to the concept of ‘identity crisis’.
- **1960:** He returned to Harvard as a professor of human development.
- **1960:** He went back to Harvard University and took the position of professor of human development and worked until his retirement and after his formal retirement he wrote on various subjects of psychology along with his wife.
- **1969:** Erikson won a Pulitzer Prize for the contribution in the field of psychology through his writings and a U.S. National Book Award in category Philosophy and Religion for his book ‘Gandhi’s Truth (1969)’.
- **1973:** The National Endowment for the Humanities gave an opportunity to Erikson to lecture at the Jefferson Lecture, the United States' highest honor for achievement in the humanities. His lecture was called "Dimensions of a New Identity".

- **1973:** The National Endowment for the Humanities selected Erikson for the Jefferson Lecture, the United States' highest honor for achievement in the humanities. Erikson's lecture was titled "Dimensions of a New Identity"
- **1994:** Erikson died on May 12, 1994 in Harwich, Massachusetts. He and his wife are buried in the First Congregational Church Cemetery in Harwich.

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Domestic Violence among Married Females: Prevalence and Related Factors

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ABSTRACT

Violence against women is present across the world cutting across boundaries of culture, class, education, income, ethnicity and age. It is the most prevalent yet relatively hidden and ignored form of violence. The present descriptive study was conducted to assess the prevalence of domestic violence among married females of Daddu Majra colony, Chandigarh. An Interview schedule was used for data collection validated by ten experts in the field of nursing and sociology. Total 300 females of age group 18-60 are selected by systematic random sampling. House to House survey of every tenth selected house was done and married females were screened for domestic violence through screening Performa, interviewed in their houses as per Interview schedule after taking written consent .Confidentiality of subjects was maintained .Results indicated the overall prevalence of domestic violence was 27.67%. Prevalence of physical violence was 16%, psychological violence was 22.67%, financial violence was 7.67% and sexual violence was 7%.The most common cause found behind domestic violence was alcohol intake by husband. Extramarital affair of husband, not doing household work by women were other common factors. The most common abuser was husband and mother-in-law. Most of the women interviewed were not having any knowledge about women's right, emergency women helpline number and laws for women. So it is recommended that emphasis should be made on educating the females about their rights, laws for them and helpline during emergency.

Keywords: *Family Planning, Attitude, Different Religion, Genders, Life Stress*

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India where almost half of the population are women they have always been ill-treated and deprived of their right to life and personal liberty as provided under the Constitution of India. Women are always considered as a physically & emotionally weaker than males, whereas at present women have proved themselves in almost every field affirming that they are not less than men due to their hard work whether at home or working places. According to a latest report prepared by India's National Crime Records Bureau (NCRB), a crime has been recorded against women in every three minutes in India. Every 60 minutes two women are raped in this country. Every 6 hrs, a young married woman is found beaten to death, burnt or driven to suicide. The statistics of increasing crimes against women is shocking, where women are subjected to violence attacks that is feticide, medical neglect, infanticide, bride burning, sexual abuse of girl child, forced marriages, rapes, prostitutions, sexual harassment at home as well as work place etc. In all the above cases women is considered as aggrieved person. The term used to describe this exploding problem of violence within our homes is 'Domestic Violence' (Pahuja, 2011).

Domestic violence is the willful intimidation, physical assault, battery, sexual assault and/or other abusive behaviour as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, psychological violence and emotional abuse. The frequency and severity of domestic violence can vary dramatically; however, the one constant component of Domestic violence is one partner's consistent efforts to maintain power and control over the other. Domestic violence is an epidemic affecting individuals in every community, regardless of age, economic status, sexual orientation, gender, race, religion or nationality. (What is domestic violence?, 2011)

Violence is quite common against the educated and well placed women, the pattern of such violence differs from class to class .At the "Bustee" (or slum) level there is nothing private in the husband beating his wife because half of the neighbourhood witness the act. However in middle or upper classes, it is private affair and the lady tries to hide it from other. In most cases women accept it as their fate, but in some cases, where they resist and protest, the beatings become more and more severe with time. Women always suffer in silence and suffer from physical abuse filled with terror and pain (Ahuja, 1987).

According to India's National Family Health Survey-3, which interviewed 1.25 lakh women in 28 states during 2005-06, over 40% of women reported being beaten by their husbands at some point of time. Over 51% of the 75000 men interviewed did not find anything wrong with assaulting their wives. More shockingly around 54% of women surveyed thought that such violence was justified on one ground or the other (NFHS-3,2007).

In 1983, Domestic violence was recognized as a specific criminal offence by the introduction of section 498-A into the Indian Penal Code. This section deals with cruelty by a husband or his family towards a married woman. Four types of cruelty are dealt with by this law-

1. Conduct that is likely to drive a woman to suicide.
2. Conduct which is likely to cause grave injury to the life, limb or health of the woman.
3. Harassment with the purpose of forcing the woman or her relatives to give some property.
4. Harassment because the woman or her relatives is unable to yield to demands for more money or does not give some property.

The punishment is imprisonment for up to three years and a fine. The complaint against cruelty need not be lodged by the person herself. Any relative may also make the complaint on her behalf.

The Protection of Women from Domestic violence Act 2005 is an Act of Parliament of India enacted to protect women from domestic violence. It was brought into force by the Indian govt. from 26 October 2006. The Act provides for the first time in Indian law a definition of "domestic violence"', with this definition being broad and including not only physical violence but also other forms of violence such as emotional/verbal, sexual and economic abuse. It is civil law meant primarily for protection orders and not meant to penalize criminally.

In this great land where non violence has been preached and practiced as a way of life for thousands of years and where women have been adored in the images of goddess Saraswati for enlightenment, Durga or Kali for physical powers and Laxmi for wealth, women today are crying for justice from widespread violence of varied kinds that has perpetrated against them within and outside their households, right from their conception in wombs up to their deaths(NFHS-3, 2007).

In India the nature and extent of women abuse has not received adequate attention primarily because of lack of sensitivity to the problem in our country. This has considerably contributed to the prevailing dearth of data on the nature and magnitude of the problem which in turn creates difficulties in formulating intervention for its management and prevention. Further, most of the cases are neither reported nor published. Despite this, observation of professionals and finding of studies conducted by social scientists and medical practitioners provide a definite clue to the widespread prevalence of woman abuse in variety of forms all over the country.

Domestic violence is not a new phenomenon but because of lack of awareness and other factors such as fear of expulsion from the home, societal influence, legal problems etc. till date it is underreported and underestimated. In many communities, domestic violence is a routine practice. Many women are not even aware that they are being abused or it is illegal. After the enforcement of act against domestic violence many people become aware of it.

But only few researches have been conducted in this area as it is generally assumed that women will not open up to respond and it is a very sensitive issue.

But as a health professional, during our posting in community setting, we come across many cases of domestic violence where women are the primary victim, being abused in one or the other way by their family members. During our home visits, many women discuss their experiences and incidences about domestic violence. But because of lack of awareness women avoid to take further steps to stop violence against them. A study is needed to assess the magnitude of the problem in the community as well as the impact of related factors on its prevalence. By this descriptive study we will be able to plan educational programs and other strategies to make women aware of it in future so that effective measures can be taken to reduce domestic violence.

Objectives of the study

1. To assess the prevalence of domestic violence among married females of age group 18-60 years of Daddu Majra Colony, Chandigarh.
2. To assess the factors associated with domestic violence among married females of age group 18-60 years of Daddu Majra Colony, Chandigarh.

MATERIAL AND METHODS

This was a descriptive study to assess the prevalence of domestic violence among married females and related factors among families residing in Daddu Majra Colony, Chandigarh. The sample size for the present study was 300 married females of age group 18-60years. The sampling technique used for the selection of the subjects was systematic random sampling i.e. every 10^{th} house in Daddu Majra Colony. First house was selected by lottery method and was house number 2 and every 10^{th} house was selected subsequently. The tool consisted of screening Performa to identify women experiencing violence and interview schedule. The interview schedule consisted of 3 parts: part A- socio-demographic data, B-question about different types of violence, C-questions about management of violence. The tool validation was done by 10 experts from the field of nursing and sociology. The ethical clearance for conducting the study was obtained from the departmental ethical committee. The data was collected over a period of 10 days in the first week of April by 5 researchers with door to door visit. For the data collection, each subject was contacted in their house and screening for domestic violence was done as per the screening Performa. Then the screened females were interviewed as per the interview schedule. Before starting interview written informed consent was taken from the subjects. The females were interviewed in separate room and privacy was maintained. They were insured about the confidentiality of information collected from them. It took 20-25 minutes for the commencement of each interview. The data was analyzed using both descriptive and inferential statistics. Calculations were carried out manually and using SPSS. The findings were interpreted and presented with the help of tables and figure.

RESULTS

Participant Characteristics

Women were in the range of 19-60 years with mean age of 35.65±9.50years and their husbands were in the range of 21-71 years with mean age of 39.07±9.95 years. 42% of female and 40% of their husbands were in the age group of 31-40 years, one fourth of the female population (24%) has completed their middle school education and one fourth of the husbands (28%) had completed matriculation. Only a small proportion of women (6.3%) and husbands (4.3%) were illiterate. Majority of women (84.7%) were housewife and half of the husbands (50.0%) were in private job.

Half of the participants (51%) belonged to scheduled caste/ scheduled tribe and nearly half (42%) to general and 7% belonged to backward classes. Most of the participants (86.70%) were Hindu and a small proportion (5%) was of other religions. Majority (92.70%) were currently married. Marriage duration of one third subjects (36.33%) was 1-10 years and another one third (30.33%) marriage duration was 11-20 years. Two third of participants (70%) had Rs. 501-1000/- per capita income and only a small percentage(7%) has per capita income more than Rs.1000. Half of the participants (54.34%) belonged to nuclear family. Majority (80.7%) were from families with 3-7 numbers of family members. And 79.70% of the participants were having their own houses.

Majority (98.3%) of the females and more than half of their husbands (59.3%) were not addicted to any substance. One percent of the women were taking substance in the form of paan, jarda, hookah etc., 0.7% were smoking. One third of husbands (32%) were taking alcohol, out of which 48% were taking alcohol only and others were taking it with some other substance (52%), one fourth of husbands (23%) were smokers either alone (32.8%) or with some other substance (61.2%), 3% were consuming alcohol, smoking as well as other substances(paan, jarda).

Prevalence and related factors of domestic violence

Figure 1 depicts the overall prevalence of different types of domestic violence among the 300 study participants of Daddu Majra colony. The overall prevalence of domestic violence is 27.67% and psychological violence (22.67%) is the most prevalent one. The prevalence of physical violence is 16%, financial violence is 7.67% and sexual violence is 7%. More than one type of violence was found among some participants.

Table 1 represents the causes of domestic violence among married females of Daddu Majra Colony. Alcohol intake by husband is the major cause of domestic violence both in physical violence (58.33%) and psychological violence (45.59%). In 8% cases, infertility in the women was the cause behind physical and emotional violence. In one fourth cases (26.47%) of psychological violence, not doing the household work by woman was the cause. In 10% cases the extramarital affair of the husband was the cause behind violence against women. Other

causes of violence were instigation by other family members (12.50%), mental illness of husband (2.08%), not getting involved in sexual acts with husband (2.08%). In 2.08% cases women experienced violence after spouse death. Females also experienced domestic violence due to dispute over property with other family members (8.33%).

Table 2 reveals the characteristics of different types of violence among married females of Daddu Majra Colony. In physical violence, slapping on the cheeks/head/ back was common in all the cases and in half of the cases (56.25%) pulling by hairs/ear/arms/leg was used and 47.92% were pushed/thrown things/ choked and 2% reported burning any body part. In psychological violence, using inappropriate words against her and her relatives (69.12%) is the most common one, with saying/doing anything to humiliate her in front of family members (67.65%) was the 2nd most common method. Insulting or making her feel inferior in front of others (64.70%) was also very common in psychological violence. In financial violence, taken money forcibly (60.87%) is more prevalent. In half of the cases (56.52%) valuables were taken away from her against her wish. In sexual violence, husband had sexual contact against her will in all the cases. In 10% cases, any other family member forced her for sexual contact against her wish.

Table 3 indicates the relationship of the perpetrator with female. Husband is the main perpetrator in the three types of violence i.e. physical violence (91.67%), psychological violence (75%) and in all cases of sexual violence. Mother- in- law acted as perpetrator in 8% cases of physical abuse and 29% cases of psychological abuse. Daughter- in- law was responsible for 2% cases of physical violence and 4% cases of psychological violence. In 12.50% cases of psychological violence, children were the perpetrator. Father- in- law (10%) and brother- in- law (10%) were responsible for sexual violence.

More than half of the victims (58%) did nothing at all after experiencing violence. One fourth (24.10%) of the cases took advice from the parents. One percent took legal action against the perpetrator and 5% got separated from the family member causing violence. One percent took advice from the doctor. Fourteen percent of women have knowledge related to women's right, 37% have knowledge related to emergency number/helpline number and 24% have knowledge related to laws for women.

Table4 depicts association between socio demographic variables and prevalence of domestic violence. The prevalence of domestic violence was higher among scheduled caste/tribe (57.8%) than general caste (39.8%) and other backward classes (2.4%), though statistically there is no significant association between the caste of participant and domestic violence as per chi square test ($p>0.05$). There is significantly higher prevalence of domestic violence in the families with per capita income more than Rs. 500/- (68.7%) than families with per capita income less than Rs. 500. (as per chi square test $p<0.05$). Domestic violence was significantly higher among women of Hindu religion (84.3%) as compared to the others (as per chi square test $p<0.05$). Among

couples with duration of marriage 1-10 years (38.6%), families having members 3-7 (78.3%), nuclear families (57.8%) ,families with own houses (80.7%)had higher prevalence of domestic violence as compared to their counterparts but no statistically significant association was found as per chi square test ($p>0.05$)

Table 5 depicts the association between prevalence of domestic violence and age, education and occupation of husband and wife. Domestic violence is more prevalent among age group 31-40 years of husband (38.6%) and wife (43.4%) as compared to other counter parts but no statistically significant association between age and domestic violence. Its prevalence is higher among housewife/unemployed (85.5%) in case of females. Among husband it is more prevalent among private job workers (49.4%), though no statistically significant association between the occupation status and domestic violence. High prevalence is found among middle class education of husband (36.1%) and wife (33.7%) than other counterparts. And there is no significant association between the education of women and domestic violence but there is statistically significant association between the education of husband and domestic violence i.e. it is more prevalent among husbands with higher education status.

It is mostly prevalent in no substance using wives (97.6%) and substance using husbands (68.7%). There is significant association between the addiction of the husband and the domestic violence prevalence i.e. it is more in the females having substance using husbands than the counter parts. And its prevalence is 2.4% in mentally ill husbands but no statistical association between the mental illness and domestic violence.

DISCUSSION

The research on domestic violence referred to more precisely in academic literature as intimate partner violence has grown substantially over a past few decades. Although knowledge of the problem and its support has deepened, the issue remains a major health and social problem afflicting women.

The World Health Organization estimated that 35% of all women have experienced either intimate partner violence or sexual violence by non-partner during their lifetime. This figure is supported by the findings of the 2012 peer reviewed metastudy –the most vigorous form of research analysis-published in the leading Academic journal Science. The metastudy found that in 2010, 30% women aged 15 and over have experienced, during their lifetime, physical or sexual intimate partner violence (Human Rights Watch World Report-2012, Events of 2011, 2012). Similar results were found in our study which was conducted on 300 married females from Daddu Majra Colony, Chandigarh where the overall prevalence is 27.67%; with 16% physical violence, 22.67% psychological violence, 7.67% financial violence and 7% sexual violence. Higher prevalence was reported by the study conducted by Gujarat Institute of

Development, where 42% experienced physical beating or sexual assault and 23% experienced psychological violence study (Jejeebhoy, 1998).

In the current study, the prevalence is more among age group 31-40 years of females and is more prevalent among Hindus and scheduled caste/tribes and among women residing in nuclear families. Although it is believed that with increase in education the domestic violence level will reduce but in our study it was found more among middle level educated women who are either housewives or unemployed than in the illiterate women. Even more shocking finding was evident in our study that husbands with higher educational status were significantly more involved in domestic violence as compared to less educated. Prevalence of violence was significantly more in the families with per capita income more than Rs. 500/-. A cross sectional study was conducted in slums of Ludhiana that showed majority of married women who experienced domestic violence were illiterate and housewives and were in the nuclear families which is similar to the findings of our study (Kaur, Patidar et al 2014).

Husband and wife are believed to be the two wheels of the house without one the other cannot work independently. But the present study shows that the husbands were the main perpetrators in majority of the cases (91.67% in physical violence and 75% in psychological violence). Substance use has many ill effects on the physical, psychological, financial aspects of human being and in our study it was also the major factor for inducing violence as 70% husbands who were the perpetrators were addicts (smoking, alcohol, paan , jarda etc.).

Today when we talk about women empowerment and equal status still women are undergoing physical torture as slapping was reported by all of the females as the specific act of physical violence and few of them also reported to be pulled by hair and choking. In few cases burning incidents of women by the family members was also reported. Psychological torture is worse than the physical even as it keeps on hurting all the time. In present study the use of inappropriate words against women and her relatives was very common among families. Even valuables were taken away from the women.

This study shows that women are themselves the enemies of women as Mother-in-law is herself involved in violence against their daughter-in-law. Also women are not safe in their own houses as they are undergoing violence by other family members (brother-in-law, sister-in-law).Even they are sexually abused by other family members than husbands.

The present study shows that 69.87% took no action against the perpetrator. In the sample of 300 females only 8% females were aware about the laws for women in India and only 12.30% females knew about the emergency or helpline numbers. The above findings can be explained by the concept of violence in Indian culture where violence against women is tolerated and considered as a means of discipline or punishment. Most probably, women do not protest or

retaliate against the harassments, out of their concerns for social prestige, lack of economic and social support and for the sake of their children. In recent years researchers have addressed the specific challenges of documenting the violence suffered by the women in conflict situations.

This study results show that despite the advancements obtained in recent years in the field, critical knots still persist in these women coping trajectories to break their silence, denounce and overcome the violence suffered. The government of India has made various ways to increase the knowledge of women regarding help in domestic violence like Women helpline numbers are displayed on buses, autos and at all public places. Still women are not aware of it. This study is expected to support the creation of helping strategies and make them more effective in order to strengthen the support network focused on violence against women. A crucial question in the light of the increasing instances of domestic violence is that what should be done to control and reduce it. As health professional and responsible citizens should we just sit and read articles and collect information about domestic violence or should we raise our voices against it? Today Domestic Violence is being viewed as an epidemic disease which needs to be controlled. Many law agencies, governmental and non-governmental organizations, public and private bodies are working for this cause.

It is recommended that emphasis should be made on educating the females about their rights, laws for them and helpline during emergency. There should be efforts towards the prevention of domestic violence in community by community participation. Community leaders should be mobilized for prevention of domestic violence and about the laws regarding domestic violence. At community level women should be empowered so that they can stand for themselves and educated about the laws and emergency helpline numbers related to domestic violence. It is necessary to develop programs for prevention of domestic violence in community. Community nurses should educate community about prevention of domestic violence. The similar study can be conducted on larger number of subjects and in different settings. There should be creation of small self-help groups of women to prevent domestic violence. And there should be collaboration between women association and community leader for prevention of domestic violence and helping the victims. Nurses working in community should organize programme for women empowerment to make them independent and also should be vigilant observers so that she can identify the cases of domestic violence in community setting. They should ensure that they will provide education about the prevention of domestic violence and also involve the community in prevention of domestic violence. Nurses may use these results to document the need for prevention of domestic violence in general population. Nurses must be aware about different agencies and services available for women experiencing domestic violence and should collaborate with those agencies for the prevention of domestic violence on women and social helpline should be established for them. She can tell about different laws/acts against the domestic violence to females in community as well as they can organize awareness camps on it. Nurse should mobilize the community leaders of their areas in reducing the domestic violence

among females. She should counsel the victims and in extreme cases the victims should be referred to various self-help groups for guidance and counseling.

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Conflict of Interests
The author declared no conflict of interests.

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APPENDIX

figure 1. Prevalence of different types of domestic violence

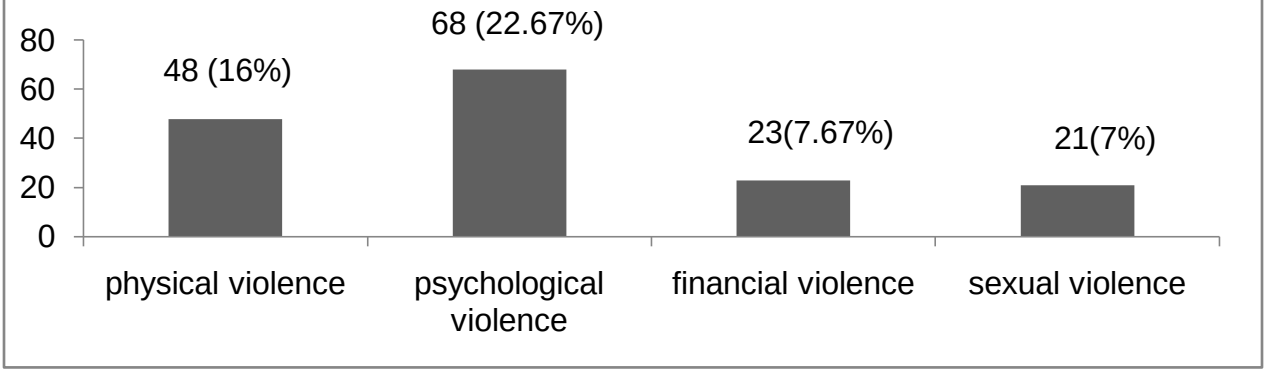

Table1, Causes of Domestic Violence among Married Females of Daddu Majra Colony

Variable	n (%)
Physical violence N=48	
factors related to husband	
alcohol intake by husband	28(58.33)
extramarital affair of husband	5(10.42)
instigation by other family members	6(12.50)
mental illness of husband	1(2.08)
for not getting involved in sexual acts with husband	1(2.08)
factors related to wife	
for not doing household work properly	7(14.58)
job of wife	3(6.25)
for dowry	2(4.17)
infertility in women	4(8.33)
after spouse's death	1(2.08)
miscellaneous	
dispute over property with other family members	4(8.33)
no apparent reason	1(2.08)
Psychological violence N=68	
Factors related to husband	
extramarital affair of husband	7(10.29)
under the influence of alcohol	31(45.59)
factors related to wife	
for not doing household work	18(26.47)
for higher educational status of wife than husband	1(1.47)
infertility in women	6(8.82)
excessive use of money by the wife on herself	14(20.59)
no apparent reasons	3(4.41)

Table 2 Characteristics of Different Types of Violence among Married Females of Daddu Majra Colony N=83

Physical violence(N=48)	**n(%)**
Slapped on cheeks/ head/ back	48(100.00)
Pulled by hairs/ear/arms/leg	27(56.25)
Pushed / thrown things / choked	23(47.92)
Beaten with fist/ sticks/ rods/ utensils/ knife/ gun/ any other weapon	21(26.58)
Kicked in chest/ abdomen/ head or dragged	14(17.72)
Burnt any body part	1(2.08)
Psychological violence(N=68)	
Jealous/angry on talking to other person	13(19.12)
Frequently accuses/accused you of being unfaithful	12(17.65)
Does/did not permit you to meet your female friends	5(7.35)
Tries/ tried to limit your contact with your family	9(13.24)
Insists/insisted on knowing where you are/ were at all times	22(32.35)
Says/ does something to humiliate you in front of your family	46(67.65)
Threatened to harm/ hurt you or someone close to you	10(14.70)

Insult you or make you feel inferior in front of others	44(64.70)
Uses inappropriate words against you or your relatives	47(69.12)
Passes comments on your educational status to make you feel bad	3(4.41)
Passes comments on your occupational status to make you feel bad	3(4.41)
Passes comments on your physical appearance which emotionally distresses you	3(4.41)
Financial abuse(N=23)	
Controls your access to money	14(60.87)
Taken money from you forcibly	8(34.78)
Taken your valuables like gold, clothes etc. against your wish	13(56.52)
Taken your property against your wish	3(13.04)
Taken your salary forcibly from you	3(13.04)
Sexual abuse(N=21)	
Any family member:	
Passed comments on you	4(19.04)
Touched you in an inappropriate way	1(4.76)
By showing pornography	1(4.76)
Forced you to have sexual contact against your wish	2(9.52)
Your husband had sexual contact against your will	21(100.00)

*more than one method was used for abusing the female.

Table 3 Relationship of the Perpetrator with Female

Relation of the abuser with subject	Physical violence (N=48) n(%)	Psychological violence (N=68) n (%)	Sexual violence (N=21) n (%)
Husband	44(91.67)	51(75.00)	21(100)
Mother in law	4(8.33)	14(29.17)	-
Father in law	-	3(6.25)	2(9.52)
Brother in law	2(4.17)	3(6.25)	2(9.52)
Sister in law	1(2.08)	1(1.47)	-
Daughter in law	1(2.08)	2(4.17)	-
Children	1(2.08)	6(12.50)	-

Table 4 Association between Socio Demographic Variables and Prevalence of Domestic Violence (N=300)

Socio demographic variable	Yes n(%) N=83	No n(%) N=217	Chi-square value ,df(p)
Caste			
General	33(39.8)	93(42.9)	
Scheduled Caste/ tribe	48(57.8)	105(48.4)	4.641,2(0.098)
Other backward classes	2(2.4)	19(8.8)	
Religion			
Hindu	70(84.3)	190(87.6)	
Sikh	12(14.5)	14(6.5)	
Others(Muslim/Christian/ Jainism)	1(1.2)	13(6.0)	7.459,2(0.024)
Duration of marriage(years)			
<1	1(1.2)	9(4.1)	
1-10	32(38.6)	77(35.5)	
11-20	26(31.3)	65(30.0)	
21-30	18(21.7)	42(19.4)	2.797,4(0.592)
31-40 and above	6(7.2)	24(11.1)	
Total number of family members			
2	5(6.0)	9(4.1)	
3-7	65(78.3)	177(81.6)	
8-12	12(14.5)	29(13.4)	0.633,3(0.889)
13-17	1(1.2)	2(0.9)	
Per capita income (rupees)			
<500	26(31.3)	43(19.8)	4.491,1(0.034)
501-1500 and above	57(68.7)	174(80.2)	
Type of family			
Nuclear	48(57.8)	115(53.0)	
Joint	35(42.2)	102(47.0)	0.567,1(0.452)
Marital status			
Currently Married	74(89.2)	204(94.0)	
Others(Widow, Divorced, Separated)	9(10.8)	13(6.0)	2.080,1(0.149)
House ownership			
Own			
Rented	67(80.7)	172(79.3)	0.080,1(0.778)
	16(19.3)	45(20.7)	

Table 5 Association between Prevalence of Domestic Violence and Socio Demographic Variables of Husband and Wife (N=300)

Variable	husband			Wife		
	Yes N=83 n (%)	No N=217 n (%)	Chi square value	Yes N=83 n (%)	No N=217 n (%)	Chi square value
Age (years)						
<20 and 21-30	23(27.7)	82(37.8)		18(21.7)	52(24.0)	
31-40	36(43.4)	90(41.5)	3.568,3(0.312)	32(38.6)	88(40.6)	0.668,3(0.881)
41-50	15(18.1)	29(13.4)		24(28.9)	53(24.4)	
>51	9(10.8)	16(7.4)		9(10.8)	24(11.1)	
Educational status						
Illiterate	7(8.4)	12(5.5)		3(3.6)	10(4.6)	
Just literate	14(16.9)	45(20.7)		1(1.2)	9(4.1)	
Primary	7(8.4)	17(7.8)		7(8.4)	13(6.0)	
Middle	28(33.7)	44(20.3)	8.265,5(0.142)	30(36.1)	39(18.0)	14.216,5(0.014)
Metric	13(15.7)	48(22.1)		16(19.3)	67(30.9)	
Higher secondary and above	14(16.9)	51(23.5)		26(31.3)	79(36.4)	
Occupation						
Housewife/ unemployed	71(85.5)	183(84.3)		2(2.4)	3(1.4)	
Maid/part time worker/Labourer	3(3.6)	7(3.2)		6(7.2)	13(6.0)	
Self employed	3(3.6)	10(4.6)	0.218,4(0.994)	26(31.3)	45(20.7)	8.109,4(0.088)
Private job	3(3.6)	9(4.1)		41(49.4)	109(50.2)	
Government job/ retired	3(3.6)	8(3.7)		8(9.6)	47(21.7)	

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Domestic Violence

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ABSTRACT

Domestic violence is a major area of concern when it comes to issues of women. Domestic violence is a form of violence by a person to hurt one's spouse or partner either physically, psychologically or sexually. Though its outcomes are primarily related to physical health, but its causes and secondary outcomes are psychological as well as sociological. This review paper focuses on psychological causes and outcomes of domestic violence underlined in previous studies. Need for power and control, low self esteem, personality traits, gender role stereotypes, patriarchal beliefs, gap in spousal education and employment, marital maladjustment, alcohol consumption by husband, unemployment, attitudes towards women are some of the socio-psychological factors leading to domestic violence. Outcomes of domestic violence are equally harmful for women and their children. It has been noted that women who face domestic violence are at greater risk for mental health disorders. Education and higher socio-economic status of husband and wife are protective factors against domestic violence to some extent. Some recent research has also focused on domestic violence against men and domestic violence in same gender relationships, but there are a very few studies emphasizing on these two issues in India. It can be concluded that domestic violence is leaded by many interlinked psychological and sociological factors and its outcomes are dangerous for the victims.

Keywords: *Domestic violence, Causes, Outcomes*

Home is a place where everybody feels comfortable and safe but for some people it is not true. They face a regime of terror and violence where they should feel relaxed and loved. This category includes women who face domestic violence from their close relationships, mainly by their husbands and in-laws. Those victimized suffer physically and psychologically. They do not have any rights and decision making choice. There are many women who are facing such kind of inhumanities in this world. Violence against women is present across the world cutting across

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boundaries of culture, class, education, income, ethnicity and age. When looking at the problems faced by women in 21st century, domestic violence comes among top. Domestic violence is not a new concept; it has prevailed in our societies from a long time and is still prevailing. This century brought with it the concept of women empowerment, and it also helped women come forward in society. But crimes against women did not come to an end with this empowering. This issue is still unresolved.

Domestic violence, also known as domestic abuse, spousal abuse, battering, family violence, intimate partner violence (IPV), is defined as a pattern of abusive behaviors by one partner against another in an intimate relationship such as marriage, dating, family, or cohabitation (Chhikara et. al., 2012). In National Family Health Survey-3 (NFHS-3), domestic violence is defined to include violence by spouses as well as by other household members. Domestic violence includes harassment, maltreatment, brutality or cruelty and even the threat of assault - intimidation. It includes physical injury, as well as "willfully or knowingly placing or attempting to place a spouse in fear of injury and compelling the spouse by force or threat to engage in any conduct or act, sexual or otherwise, from which the spouse has a right to abstain" (NFHS-3, 2006).

There are certain rights guaranteed to women under article 14, 15 and 21 of Indian Constitution based on which an act was introduced entitled "*Protection of Women from Domestic Violence Act, 2005*". According to this act Domestic violence means any act, omission or commission or conduct of the respondent shall constitute violence if it, a) harms or injures or endangers the healthy safety, life, limb or well-being, whether mental or physical of aggrieved person or tends to do so and includes causing physical abuse, sexual abuse, verbal and emotional abuse and economic abuse; or b) harasses, harms, injuries or endangers the aggrieve person with a view to coerce her or any other person related to her to meet any unlawful demand for any dowry or other property or valuable security; or c) has the effect of threatening the aggrieved person or nay person related to her by any conduct mentioned in clause (a) or clause (b); or d) otherwise injuries or causes harm, whether physical or mental, to be aggrieved person.

Violence against women is a serious problem in India. According to NFHS-3, one-third of women age 15-49 have experienced physical violence and about 1 in 10 has experienced sexual violence. In total, 35 percent have experienced physical or sexual violence. This accounts for millions of women who have suffered, and continue to suffer, at the hands of their husbands and other family members also. Nearly two in five (37 percent) married women have experienced some form of physical or sexual violence by their husband. One in four married women has experienced physical or sexual violence by their husband in the 12 months preceding the survey (NFHS-3, 2005-2006). According to United Nation Population Fund Report, around two-third of married Indian women are victims of domestic violence and as many as 70 per cent of married women in India between the age of 15 and 49 are victims of beating, rape or forced sex. In India,

more than 55 percent of the women suffer from domestic violence, especially in the states of Bihar, U.P., M.P. and other northern states.

TYPES OF DOMESTIC VIOLENCE

Domestic violence has many forms, like physical aggression; sexual abuse; emotional abuse; controlling; intimidation; stalking; passive/covert abuse and economic deprivation. All forms of domestic abuse have one purpose that is to gain and maintain control over the victim.

1. Physical Abuse

Physical abuse means contact to cause feelings of threat, injury, pain, or bodily harm. It includes hitting, choking, slapping, punching, pushing, burning etc. It may also include neglect of medical care in such case. It can also include causing physical injury to other targets, such as children or pets, to cause psychological harm to the victim.

2. Sexual Abuse and Marital Rape

Sexual abuse is any situation in where perpetrator force or threat the victim to obtain participation in unwanted sexual activity. Coercing a person to engage in sexual activity against their will, even if she is a spouse or intimate partner with whom consensual sex has occurred earlier, is an act of sexual violence.

3. Emotional Abuse

Emotional abuse also known as psychological abuse or mental abuse, include humiliating a person in private or public, controlling what that person can and cannot do, deliberately doing something to make the victim feel inferior or embarrassed, isolating the victim from their friends and family or denying the victim access to money or other basic resources and necessities. The basic aim is to degrade the self esteem by denying their existence.

4. Economic Abuse:

Economic abuse means when one partner has control over the other partner's access to economic resources. Economic abuse may involve preventing a person from resource acquisition, limiting the amount of resources used by them, or by exploiting economic resources of the person. The aim is to make the partner dependent on themselves so that they don't have any option other than to live with them.

PSYCHOLOGICAL DETERMINANTS OF DOMESTIC VIOLENCE

Many psychologists and sociologists have given various theories regarding domestic violence. These include psychological theories which focus on mental health and personality of the husbands and sociological theories which focus on external factors such as family structures, education, employment etc. Table 1 gives various factors that lead to domestic violence. As we say about various aspects of domestic violence that no one factor can predict all, same is the case with domestic violence. Murthy et al. (2004) found in their empirical study that number of family members, type of marriage and husband's education have significant influence on domestic violence. Each country has unique factors that contribute to domestic violence in that

particular area (Walker, 1999). Social factors such as acceptance of domestic violence, , oppressive political structures, low social status of women, oppressive fundamental religious beliefs that devalue women, civil conflicts, contribute to the existing prevalence rates of domestic violence in many countries (Walker, 1999).

Education is a very important factor that determines development of any country. It seems to play a major role in predicting the risk of domestic violence. A negative correlation was found between magnitude of domestic violence and men and women having 10+ years of education (Kavitha, 2012). Rapp et. Al. (2012) found that wives with higher education status than their husbands were less likely to experience severe domestic violence as compared to equally low educated wives. Equally high educated couples were least likely to experience domestic violence (Rapp et. Al., 2012).

Socioeconomic status also impact occurrence of domestic violence. Kavitha (2012) found that household who falls in the category of richer and richest has low incidences of domestic violence

Table 1 - Factors That Perpetuate Domestic Violence

Cultural

- Gender-specific socialization
- Cultural definitions of appropriate sex roles
- Expectations of roles within relationships
- Belief in the inherent superiority of males
- Values that give men proprietary rights over women and girls
- Notion of the family as the private sphere and under male control
- Customs of marriage (bride price/dowry)
- Acceptability of violence as a means to resolve conflict

Economic

- Women's economic dependence on men
- Limited access to cash and credit
- Discriminatory laws regarding inheritance, property rights, use of communal lands, and maintenance after divorce or widowhood
- Limited access to employment in formal and informal sectors
- Limited access to education and training for women

Legal

- Lesser legal status of women either by written law and/or by practice
- Laws regarding divorce, child custody, maintenance and inheritance
- Legal definitions of rape and domestic abuse
- Low levels of legal literacy among women
- Insensitive treatment of women and girls by police and judiciary

Political

- Under-representation of women in power, politics, the media and in the legal and medical professions
- Domestic violence not taken seriously
- Notions of family being private and beyond control of the state
- Risk of challenge to status quo/religious laws
- Limited organization of women as a political force
- Limited participation of women in organized political system

(Source: Heise. 1994)

(Kavitha, 2012). Higher SES has been linked to protective factors against domestic violence (Jeeyaselan et. al., 2007).Other than these educational and employment incompatibility between husband and wife is significantly associated with domestic violence (Anderson,2015). Other variables like exposure to mass media (Kavitha, 2012), younger age at marriage (Mishra, 2000), living in rural areas, low education and low occupational status (Hindin, 2003) were associated with domestic violence.

Marital adjustment is studied as a major factor responsible for domestic violence. Husbands and wives who are less satisfied with their marriage seems to indulge more in domestic violence. Poor marital adjustment is one of the most frequently examined associate of domestic violence (Stith et al. 2008). Stith and colleagues reviewed numerous relevant works, and concluded a significant negative relationship between domestic violence and marital adjustment. That means when there are lower levels of marital adjustment, levels of domestic violence increases. But it is not possible to know if low marital satisfaction leads to domestic violence, or low satisfaction results from domestic violence. But anyhow decreased marital satisfaction and increased marital conflict are positively linked with domestic violence.

Indian society is a male dominant society and this feature contributes to domestic violence the most. In a study it was found that women who agree with male privilege were 5 times more likely to experience domestic violence than women who don't agree to male privilege (Alvi et. Al., 2005). Feminists view domestic violence as men's active attempts to repress women to maintain his dominance, control and power on her (Anderson, 2015). Need for power is also associated with domestic violence (Sugihara and Warner, 2002). Gender role attitudes are the best overall predictor of domestic violence beliefs in many studies. Men who believe in traditional gender roles are more prone to resort to domestic violence (Berkel, Vandiver, & Bahner, 2004).

Decision making power in families also helps in predicting domestic violence. Women with greater power in decision making are less likely to experience domestic violence than women who have little rights in decision making. Women who participate along with their husbands in decision making are less prone to domestic violence (Hindin, 2013).

Alcohol addiction, poverty, son preference, dowry conflict and extra marital affair of husband with other women are also found to play role in domestic violence (Mitra 2006, Jeeyaselan et. al., 2007).

The pattern of domestic violence in society doesn't seem to come to an end mainly because it's not viewed as a crime by men and women and by society also. Over half of all women in Zimbabwe (53%) believed that wife beating was justified in one of the five situations. Women

were most likely to find wife beating by husband justified if a wife argued with her spouse (36%), neglected her children (33%), or went out without telling her husband (30%) (Hindin, 2003). Haj-Yahia (1998) also reports that a substantial number of Palestinian women report that wife beating is justified under certain conditions, including sexual infidelity and perceived female challenge of manhood. Sahoo & Pradhan found in a study conducted upon 90,303 ever married women, a widespread prevalence of domestic violence (21 percent, since age 15) in India and the acceptance of majority of women (57 percent) to at least 1 reason for justifying a husband beating his wife (Sahoo & Pradhan, 2007).

OUTCOMES OF DOMESTIC VIOLENCE

Domestic violence creates many negative impressions on the lives of victims in terms of emotional, social and economical aspects. Indian society being a male dominant society blames women herself for her miser conditions, which add up to her sufferings. Such victim blaming created a non-supportive environment for her. It has been found that a good social support acts as a protective factor against domestic violence (Jeeyaselan et. Al, 2015). Without any social support many of the victimized women continues to live with their abusive marriage.

Outcomes of domestic violence are not just physical but psychological also. Women who face domestic violence are at greater risks of mental disorders. Golding (1999) in a review found that prevalence of mental health disorders among battered women was 47.6% in 18 studies of depression, 17.9% in 13 studies of suicidality, 63.8% in 11 studies of posttraumatic stress disorder (PTSD), 18.5% in 10 studies of alcohol abuse, and 8.9% in four studies of drug abuse (Golding, 1999). Other researchers also found that women who experience partner abuse are likely to develop depression (Mechanic, Weaver & Resick 2008; Romito & Grassi 2007), post-traumatic stress and anxiety disorders (Bennice J et al., 2003; Dutton et al., 2006; Robertiello 2007; Temple et al., 2007) and other stress-related syndromes (Cole, Logan & Shannon 2005). Studies also indicate that women who are affected by domestic violence by their husbands are likely to have alcohol problems, smoking (Loxton et al., 2006) and to use non-prescribed drugs (Quinlivan & Evans 2001).

Affect of domestic violence is not restricted to women alone but it extends to her children also. Children who witness domestic violence in family are likely to develop family role stereotypes. Positive associations are found among physical and emotional abuse reported by the mother and family role stereotyping in the child (Graham-Bermann and Brescol, 2000).

CONCLUSION

This review of literature on domestic violence gives insight into the problem of domestic violence. There are many socio-psychological factors which affect domestic violence. Factors like illiteracy, low SES, alcoholism in husband, poverty, aggressiveness in husband, need to control, need for power, type of attachment, gender role attitudes and male dominance affect the

occurrence of domestic violence. Its affects are negative in all the cases but this problem is till prevailing in society. Women who face this situation at their homes are affected psychologically and emotionally. Their risk for mental health disorders is very high. Their ability to rear their child effectively also diminishes. Children raised in battered homes are also affected by this violence. If society wants to get rid of this problem education of women is must. When women will be aware about their rights such crimes against them can be brought under control. Mental set of males as well as females should be modified by creating awareness regarding gender equality. The monster of domestic violence can be killed only when the structure of our thinking will change. As a study revealed that more economic opportunities, more rights to privacy and more legal protection gave women in the United States more ability to demand violence free marital relationships (Hirsch, 1999). Thus giving more rights and opportunities to women may cause some decrease in incidents of domestic violence.

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Conflict of Interests
The author declared no conflict of interests.

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Role of Homoeopathic Remedies in Treatment of ADHD

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Keywords: *Homoeopathic Remedies, Treatment, ADHD*

Homoeopathy is the system of medicine founded by Dr. Samuel Hahnemann (1755-1843) of Germany. It is based on the principle that "like cures like". In practice, this means that a medicine capable of producing certain effects when taken by a healthy human being is capable of curing any illness that displays similar effects. In pediatric practice; attention deficit disorders (ADHD/ADD) are the most common serious psychosocial problems prompting parents to seek help for their children. Since the ability to pay attention and concentrate is a basis prerequisite of child development, forming the foundation of all learning and thinking as well as of emotional and social interaction, the suffering of these children as well as their siblings, parents, teachers, and fellow pupils is often considerable.

ADHD DEFINITION[1]

The definition of attention-deficit/hyperactivity disorder (ADHD) has been updated in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) to more accurately characterize the experience of affected adults. This revision is based on nearly two decades of research showing that ADHD, although a disorder that begins in childhood, can continue through adulthood for some people. Previous editions of DSM did not provide appropriate guidance to clinicians in diagnosing adults with the condition. By adapting criteria for adults, DSM-5 aims to ensure that children with ADHD can continue to get care throughout their lives if needed.

ADHD is characterized by a pattern of behaviour, present in multiple settings (e.g., school and home), that can result in performance issues in social, educational, or work settings. As in DSM-IV, symptoms will be divided into two categories of inattention and hyperactivity and impulsivity that include behaviours like failure to pay close attention to details, difficulty organizing tasks and activities, excessive talking, fidgeting, or an inability to remain seated in appropriate situations.

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INCIDENCE [4, 5, 6]

- The prevalence of ADHD in India has increased from 5.2% (2003) to 11.32% (2011).
- In approximately 80% of children with ADHD, symptoms persist into adolescence and may even continue into adulthood.
- Children and adolescents in the age group of 4-18 years are the sufferers of the condition. It is more common in males than females

AETIOLOGY[3]

The etiology is unknown; however following causes may play a role in development of the disorder**.**

***Genetic*:** Certain genes and neurotransmitters are responsible for its occurrence and plays a major role in the development of ADHD and may run in family. It is familial and highly heritable, and the disorder is being refined to identify phenotypes for use in the search for susceptibility genes (Thapar et al, 2006). Associations have been reported with variations in genes for the dopamine receptors 4 (DRD4) and 5 (DRD5) and a dopamine transporter (DAT1) (Collier et al, 2000). The most robust of these is the association between ADHD and a repeat within the coding region of DRD4 (Faraone et al, 2001).

Environmental factors*:* substance use and abuse (cigarettes, alcohol etc.) during pregnancy, exposure to high levels of lead.

Brain injuries in children, during pregnancy, delivery or immediately after birth

Others: Premature delivery and Low birth weight, consumption of certain food additives like artificial colors or preservatives, and sugar.

DSM-5 CRITERIA-ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) [1, 7]

A. A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with function, as characterized by (1) and/or (2)

1) ***Inattention***- six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level: a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.

b) Often has difficulty sustaining attention in task or play activities

c) Often does not seem to listen when spoken to directly

d) Often does not follow through on instructions and fails to finish schoolwork, chores or duties in the workplace

e) Often has difficulty organizing tasks and activities

f) Often avoid, dislikes, or is reluctant to engage in tasks that require sustained mental effort

g) Often loses things necessary for tasks or activities

h) Often easily distracted by extraneous stimuli

i) Often forgetful in daily activities

2) ***Hyperactivity and impulsivity***- six (or more) of the following symptoms have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental levels: a) often fidgets with hands or feet or squirms in seat
b) Often leaves seat in classroom or in other situations in which remaining seated is expected
c) Often runs about or climbs excessively in situations in which it is inappropriate
d) Often has difficulty playing or engaging in leisure activities quietly
e) Is often "on the go" or often acts as if "driven by a motor"
f) Often talks excessively
g) Often blurts out answer before questions have been completed
h) Often has difficulty awaiting turn
i) Often interrupts or intrudes on others
B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.
C. Some impairment from the symptoms is present in two or more settings (school, work, home)
D. There must be clear evidence of clinically significant impairment in social, academic or occupational functioning

SUBTYPES OF ADHD[7]

1. ***Predominantly hyperactive-impulsive:*** if enough symptoms of both criteria inattention and hyperactivity-impulsivity were present for the past 6 months.
2. ***Predominantly inattentive****:* if enough symptoms of inattention, but not hyperactivity-impulsivity, were present for the past six months.
3. ***Combined hyperactive-impulsive and inattentive:*** if enough symptoms of both criteria inattention and hyperactivity-impulsivity were present for the past 6 months

PSYCHOLOGICAL IMPACT OF ADHD ON THE CHILD

It is important to understand the emotions of each child with its presenting complaint, the behaviour of the child in school and at home. It is not necessary each child suffering from ADHD may show same type of emotion or feeling with the suffering. Child may experience anger, frustration and low self-esteem due to repeated failure in school. Child may feel ashamed because of because of poor performance in tasks and activities. So with homoeopathic point of view we have to individualise the case, as each case or child is different from every other.

HOMOEOPATHIC MANAGEMENT OF ADHD

Homoeopathy treats a person suffering from disease, not only disease. It treats child as a whole along with diagnostic symptoms. Case taking includes detailed information of child – past medical history, medical history of parents, mental and physical constitution of the child, information regarding pregnancy and vaccination. Homoeopathic remedies have deep influence on emotional sphere of the patient. In homoeopathic case taking the emotions which the child is experiencing with the psychological problems are also given importance. Few remedies like

tarantula, tuberculin, veratrum album, carcinosinum and many more are helpful in treating child suffering from ADHD along with psychosocial treatment. Whether ADHD/ADD is expressed as mild disturbance or severe disability depends on the child's personality, temperament, talents and abilities. Even today the usual testament approach consists of educational and psychotherapy measures, increasingly combined with stimulants. Unsure which way to turn for help, parents often seek assistance from homoeopathy, which claims to offer an important contribution in addressing this issue[15]. Several researches[8, 9, 10, 11, 12, 13, 14]has been done which shows the positive results of homoeopathy in managing ADHD. However, together with calmness, patience, equanimity, and consistency, the following points deserve special attention[15]

1. Avoid a reproachful tone; more can be achieved with decisiveness and humor.
2. Do not apply pressure to perform – the result is better achievement
3. Lighten work and tasks with plenty of breaks.
4. Prevent arguments by setting clear rules and boundaries
5. Both parties should honour common agreements.
6. Promote self-responsibility and accountability in a spirit of freedom since telling others mutual what to do generate much resistance.
7. Foster mutual respect to achieve long-term improvement
8. Offer recognition and praise at every opportunity
9. Set a good example with positive behaviour.
10. ADHD/ADD children should be able to spend at least one hour a day exercising outside in the fresh air. Preoccupation with electronic media such as laptops, TV, smart phones, gaming devices and so on should be kept to a minimum.
11. Judo, karate, aikido and other Asian martial arts encourage the development of optimal self-control, body control and body perception. They are especially recommended for patients with ADHD/ADD.
12. Profession Help**:** Parenting of these children can often only be accomplished with professional help. The first and very significant treatment option for young children should therefore be counseling of the parents in parenting. This can be obtained from parental counseling centers, child psychologists, child psychiatrists or pediatricians with the necessary training. Remedial teachers can also provide important support for the child and parents.

Homoeopathy has large number of medicines referred for the symptomatology of ADHD such as "inattention"(*mind, concentration, difficult)* 535 medicines, for **"**Hyperactivity" (*mind, activity, hyperactive*) 67 medicines, and for "Impulsivity" (*mind, impulsive*) 57 medicines are available.

PSYCHOSOCIAL TREATMENT[2]

Psychosocial treatment of children with ADHD refers to non-medication treatment one can include, such as psycho-education, academic organization skills and remediation, parent training and social skills training.

Psycho-education can refer to educating the child and family about ADHD and its possible etiology, presentation, treatments, side effects, and prognosis. This educational process may also address issues of co morbidity and deficits the child experiences, as well as stresses on the child, parents, and family as a whole.

Psycho-educational interventions can also refer to intervention at school designed to improve school behaviour, academic productivity, and achievement. These interventions, after a functional assessment, can have antecedent-oriented classroom management strategies, which are proactive and meant to prevent undesirable behaviour by optimizing conditions for appropriate adaptive behaviour. Such intervention can include reduction in task demands, making tasks more stimulating (e.g., via computers), and providing students with choices related to academic work, resulting in increased academic engagement. Classroom interventions also include consequent-oriented programs (e.g., token reinforcement and response cost to improve behaviour). A daily report card, listing desired behaviours and academic productivity, is completed by the teacher at school and rewarded by parents at home. In older children and adolescents, this can be replaced by contingency contracting, which still has to have tasks that are readily attainable and rewards that are meaningful to the adolescent and delivered with relatively short delays (within the day). Generally, these programs are effective when they are carried out. However, efficacy decreases when they are discontinued.

Academic Organizational Skills and Remediation

ADHD symptoms, such as inattention, impulsivity, and hyperactivity, affect school behaviour, learning, and academic performance. Furthermore, children with ADHD tend to be co morbid for learning disabilities, with rates ranging from 10 to 92 present, with usual quoted rates of approximately 20 to 25 per cent. Thus, children with ADHD are known to have experienced poor academic achievement, more tutoring, more grade repetition, and more frequent placement in special education classes. The academic problems of children with ADHD have been well documented.

Parent Training in Behaviour Therapy

Parents of children with ADHD often have difficulty in effectively managing their child's behaviour. Parent training is an intervention that teaches parents how to implement a contingency management behavioural program. Training involves providing parents with an overview of social learning and behaviour management principles. Strategies of behavioural management, such as identifying target behaviours, instituting (with the child's input) a meaningful reward system, contingency attention, time-out, and response cost, are all taught. The intervention can be carried out with individual parents or groups of parents. Parent groups are more efficient and provide added group acceptance and support, but techniques and strategies learned in the group often need to be reinforced in individual parent sessions to be effectively used at home.

Social Skills Training

Poor social functioning is one of the most disabling associated features of ADHD in children. Impaired social functioning and the accompanying peer and adult rejection significantly affect self-esteem and influence long-term outcomes. However, social impairment is very difficult to treat effectively.

Social skills programs are usually carried out in small groups, with the advantage of providing opportunities for peer modeling and practicing skills with peers. Social skills training combine both cognitive-behavioural and behavioural interventions. Techniques such as modelling, didactic instruction, symbolic play with puppets, in vivo practicing role play, and behavioural rehearsal are used. Positive reinforcement, self-management, and reinforced self-evaluation help reduce negative social interaction and increase positive social behaviour.

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Conflict of Interests

The author declared no conflict of interests.

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A Review on Intergroup Relationship between Hindu and Muslims in Jammu and Kashmir (India)

Showket Ahmad Wani[1]*, Aijaz Ahmad Buhroo[2]

ABSTRACT

Intergroup emotions theory seeks to understand and improve intergroup relations by focusing on the emotions engendered by belonging to, and by deriving identity from, a social group (processes called self-categorization and identification). Intergroup emotions are shaped by the very different ways in which members of different groups see group-relevant objects and events. These emotions come, with time and repetition, to be part and parcel of group membership itself. Once evoked, specific intergroup emotions direct and regulate specific intergroup behaviors. This approach has implications for theories of emotion as well as of intergroup relations. Because intergroup emotions derive from self-categorization and identification and because they strongly influence intergroup behavior, intergroup emotions theory provides an innovative framework for attempts to reduce prejudice and improve intergroup relations. There is a great difference between the Hindus and Muslims in tradition, in history and in their attitude towards life political, social and economic.

Keywords: *Intergroup relations, Hindu, Muslims, Jammu & Kashmir*

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A Study of Machiavellianism and Emotional Intelligence in Adolescents

Dr Nalini Malhotra[1]*

ABSTRACT

The present paper seeks to investigate the Machiavellianism in relation with Emotional Intelligence among Adolescents. It was hypothesized that Machiavellianism and Emotional Intelligence would be negatively correlated and Emotional Intelligence would be a significant contributor in predicting variance in Machiavellianism. In order to test the hypothesis 240 adolescents (120 females and 120 males) in the age range of 13 to 18 years were selected through random sampling. The measures used were Machiavellianism Scale (Mach IV Scale) and Modified Schutte Emotional Intelligence Scale (Schutte 1998). The correlation coefficient and regression analysis were used to assess the data. The results revealed significant and negative relationship between Machiavellianism and Emotional Intelligence .Emotional Intelligence emerged as a significant predictor of Machiavellianism. Thus, considering the possibility that individuals might have a dispositional tendency to emotionally manipulative behaviour immediately brings to mind the trait of Machiavellianism.

Keywords: *Machiavellianism, Emotional Intelligence, Adolescents*

The key driver of human nature from a Machiavellian perspective is the ability to skillfully manipulate people and resources to accomplish goals. To get the productive outcome of the opportunity Machiavellians are more likely to modulate things according to themselves and for the same they use manipulative tactics. Going with the Darwin's concept, "Survival for the Fittest One", this line itself suggest that manipulation is very important for human survival and those who are equipped with the manipulative skills can deal with situations in a better way.

The concept of Machiavellianism is derived from the writings of sixteenth century Italian author Niccolo Machiavelli. In the psychological literature, Machiavellianism, in context to psychology, was first mentioned by Christie and Geis (1970). Machiavellianism, according to the ***Oxford English Dictionary***, is the employment of cunning duplicity in strategies or in general conduct,

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deceiving from the Italian Renaissance, diplomat and writer. Machiavellianism is defined by ***Wilson et al. (1996)***, as a strategy of social conduct that involves manipulating others for personal gain, often against the other's self interest. According to Gies (1970), Machiavellianism term is dependent on the usage of the tactics by the people. If these skills are used to meet the personal goals then it may be termed as manipulation but if same skills are used to achieve the group goals and company goals these skills are termed as leadership skills. People, who score high on Machiavellianism, use deception and manipulation as tactics for their personal gains (Jackobwitz & Egan, 2006).

Adolescence is a significant period in the individual's life. It is the age when individual becomes integrated into the society of the adults. Variables like Machiavellianism and Emotional Intelligence seem to be the key factors in the development of the adolescents, fostering positive outcome and achievement in various spheres of life, enhancing their social interaction and social competencies with family, friends, school and community as a whole.

The historical roots of Emotional Intelligence can actually be traced back to nineteenth century. The publications related to Emotional Intelligence started appearing in the twentieth century with the work of Edward Thorndike on Social Intelligence in 1920. Goleman (1998) defined Emotional Intelligence "as the ability of recognizing our own feelings, others feelings and managing emotions in oneself and others. Solovey and Mayer (1990) considered Emotional Intelligence as the capacity of the Individual to monitor one's own and others' feelings and emotions, to discriminate among various emotions and to use this information as a guide to ones thinking and actions. Emotional Intelligence consists of the interactions between emotions and cognitions that lead to adaptive functioning. Emotional intelligence is vital to healthy psycho-social development of children and adolescents.

Researchers suggest that Machiavellian lacks empathy. Machiavellian betrays emotions or effects of others, they are found to be high on affective coolness. Because of the affective coolness, Machiavellians are able to engage in the manipulation and exploitation. Machiavellians do not show the moral emotions of sympathy, remorse and so on. They lack empathy & feelings and do not share emotions with the person who is being manipulated. Wastell and Booth (2003), in their research, also investigated that Machiavellians are unable to connect with others' emotions; in fact, they are disconnected with their own emotions, just like Alexithymics. Machiavellians due to the emotional deficiency, treat people as an object or means to ends. Machiavellianism was positively associated with an inability to identify feelings.

Objectives of the Study

1. To examine the relationship between Machiavellianism and Emotional Intelligence and to assess the relative contribution of emotional Intelligence in predicting variance in Machiavellianism. It was hypothesized that Machiavellianism and emotional intelligence

would be negatively correlated and Emotional Intelligence would be the significant contributor in predicting variance in Machiavellianism.

METHOD

Participants

The sample for the present study comprised 240 adolescents (120 females and 120 males) in the age range of 13-18 years. The participants were selected from various public schools in Ambala and Kurukshetra districts of Haryana state. Demographic data sheet was used to obtain information about personal details and socio-economic variables.

Instruments

1.A Scale of Machiavellianism (Mach IV Scale) (Rai& Gupta, 1987) The Machiavellianism scale is a Hindi adaptation of Mach IV scale of Christie and Gies (1970).It is a 20-item, 7-point scale varying from 'strong agreement' to neither 'strong disagreement' in the middle. The reliability coefficient was found to be .92 indicating a highly significant value, thus, possessing a fair amount of stability in measuring the degree of Machiavellianism.

2. Modified Schutte Emotional Intelligence Scale (Austin et al, 2004) Modified Schutte Emotional Intelligence Scale is a revised version of the 33-item Emotional Intelligence Scale of Schutte et al., which was devised by Austin et al. The measure relies on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The scale is based on the original model of Mayer and Salovey (1990). The test-retest coefficient for the scale was .75.

Procedure

All the participants were administered the above mentioned scales in the two sessions. A good rapport was established with the participants before starting the administration process. The participants were fully assured that the information provided by them during the study would be kept confidential. Before administration of the tests, the instructions were made clear to the participants. Pearson Product Moment Correlation coefficients was computed to see the correlations between the variables in the study and further Multiple Regression analysis was applied to assess the relative contribution of Emotional Intelligence in predicting variance in Machiavellianism.

RESULTS AND DISCUSSION

The present research aimed at finding the relation of Machiavellianism with Emotional Intelligence along with contribution of Emotional Intelligence showing variance in Machiavellianism .Results (Table 1) depicted that Machiavellianism was found to be significantly and negatively related with Emotional intelligence($r = -0.36; p < 0.01$), revealing the results in line with hypothesis. It can be discussed within the framework of previous researches.

Table 1 – Summary Table showing Correlation Matrix of Variables viz. Machiavellianism (MACH) and Emotional Intelligence (EI) (N = 240)

Variables	Machiavellianism	Emotional Intelligence
Machiavellianism	1.00	-0.36**
Emotional Intelligence		1.00

Repacholi et al. (2003) investigated whether the high Mach children showed any impairment in empathy and found the negative correlation between Mach Scores and empathy scores. According to Repacholi and collegues, Machiavellian might not be impaired but might be ignoring the feelings and emotions of others especially personal goals. Empathetic personal distress might be offset by the positive emotions feelings associated with a personal goal. Moral emotions such as sympathy, guilt or remorse might be absent not because of impaired sympathy resulting from impaired empathy, provide justification for manipulative and exploitative or harmful actions.

Research has repeatedly demonstrated that trait EI is negatively correlated with Mach (Barlow et al., 2010; Austin et al., 2007) and Trait EI is negatively predicted in children (Barlow et al., 2010) as well as adults (Austin et al 2007). Both trait and ability measures of EI, subscales relating to managing others emotions were the strongest negative predictors of Mach.All dark triads are associated with limited affective empathy (Wai and Tiliopoulos, 2012).

Research by Jonason and Krause (2013) also investigated the link between dark triad (Psychopathy, Narcissism and Machiavellianism) and emotional deficiencies. Such individuals have low level of empathy and limited ability or motivation to communicate ones emotions to others. These aspects are embodied in the individuals who are high on Machiavellianism, Psychopathy and Narcissism. They also seem to be high on external orientation and spend little time considering their internal world and instead are more focused on getting what they want from the external world.

On the basis of the present findings and its supportive work, it is summarized that Machiavellian Individuals remain disconnected as far as emotions of others are concerned. They use both ethical as well as unethical strategies without caring for the emotional needs of other individuals to accomplish their own selfish ends. They fail to empathize the pain which other individuals are experiencing and care about only their needs, their profits, their respect, their status, their power and prestige.

Further, results of regression analysis (Table 2), revealed that that the Emotional Intelligence contributes 13% towards Machiavellianism. Emotional intelligence is the significant predictor of Machiavellianism. It can be said that Emotional Intelligence and Machiavellianism are strongly

related with each other. It was also found that emotional Intelligence had a negative relation with Machiavellianism.

Table 2 - Summary Table showing Stepwise Multiple Regression Analysis

Variable	R	R-Square	F (for R-Square)	R-Square Change	F	Beta
Emotional Intelligence	.364[a]	.132	.129	.132	36.333	-.400

Numerous research works provide strength to the findings of present results. Mcllwain (2003) stated that Machiavellians are capable of keeping themselves away from the emotional effects of the situation, even in the highly emotionally charged situation they tend to remain cold blooded and do not take over the excitement of others individuals involved. The emotional coldness helps them to manipulate others.

Andrew et al. (2007) characterized Machiavellians by lower emotional intelligence and empathy. Machiavellians are also less able to understand emotions of others.

To summarize, it can be said that Machiavellians lack emotions in them. Machiavellian individuals demonstrated shallow emotional involvement with others and sanction behavior which is emotionally manipulative. They are likely to exploit other individuals and view others in a goal oriented manner (they see people "as a means to an end"). The main aim of the present research was to study the importance of Machiavellianism and Emotional Intelligence among adolescents'. Machiavellianism is the mental ability which seems necessary to cope with complexities of social living by using various manipulative emotional skill Machiavellians seem to be low on emotional intelligence. Emotional coldness helps them to manipulate and deceive other individuals while keeping themselves detached from emotional aspects and thus helping them in attaining personal motives. Thus, on the basis of present findings, it becomes an essence to instill Machiavellian traits in youth so that they can be attributed with manipulative and effective emotional traits that are widely accepted in professional and personal arena. Machiavellian skills training along with social emotional skills training can prove to be beneficial and help in the future success of adolescents. Machiavellian tactics are the biggest tool in the hand of adolescents which help them in achieving their professional, social, political and personal goals.

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Mediating Role of Emotional Intelligence in Academic Achievement of the Graduate Students

Gyanesh Kumar Tiwari[1]*

ABSTRACT

The present research endeavored to explicate the impact of emotional intelligence on the academic achievement of the graduate students. The graduate students age ranging from 18 to 25 years with equal number of males (M = 20.12, SD = 1.92) and females (M = 20.38, SD = 1.34) served as the participants in the study whose emotional intelligence was assessed with the help of Mangal Emotional Intelligence Inventory (Mangal & Mangal, 2006). The scores of the annual examination were taken as the indicator of their academic achievement. The results of the study demonstrated that the academic achievement of the participants was shaped by their levels of emotional intelligence and gender. The results of the study have discussed in the light of current theories of emotional intelligence and academic achievement. The results of the study have implications for policy makers, educationalists, educational planners, administrators, researchers and parents.

Keywords: *Emotional Intelligence, Academic Achievement*

The modern age is characterized by stiff competition in every sphere of life. The academic achievements of the students have become a major source of concern to all stakeholders in the education. The parents and government are in agreement that their huge investment on education is not yielding the desired dividend (Adegbite, 2005). Globalization, commercialization and liberalization of economy have posed new challenges and set new standards before the current educational system. Universalization of primary and secondary education followed by plans to move in the same direction for Indian higher education compelled the policy makers and educationists to rethink about their strategies and to get new insights into this dynamic state of affairs. The new emphasis on innovation and open learning have created atmosphere to develop a fuller understanding of the dynamics of learners.

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Edun and Akanji (2008) asserted that poor academic achievement among our students is usually attributed to the school authority and teachers' attitude to their work. Oyinloye (2005) attributes the problem of poor academic achievement to low level of emotional intelligence among the students. He believes that "students who lack emotional intelligence show some adaptive challenges or in some ways fail to handle effectively the demands of school work. Such students might be said to have little or no emotional intelligence and may not be capable of attaining personal goals which include high academic achievement." It is apparent that the primary focus of education is academic performance that has been measured using traditional Intelligence tests or other forms of standardized examination, and schools cannot ignore or neglect the development of emotional domains and other personal factors contributing to the success of students (Nelson and Low, 2003). Researchers who have sought to discover factors associated with high academic performance have examined an array of variables such as social behaviour (Taylor, Casten, Flickinger, Roberts, & Fulmore, 1994); academic self-concept (Steele & Aronson, 1995); learning strategies (Covington, 1984); motivation (Deci & Ryan, 1992); Parenting Styles (Baumrind, 1991); and socio-economic status (Shultz, 1993).

The decline in the academic achievement of the students in India has been a major source of concern to stakeholders and policy makers. Measures taken by the government at various levels to eliminate this problem and improve the academic achievement of students have focused more on improving infrastructure, equipping the schools and providing qualified teachers, may not have produced the desired results. Poor academic achievement among the students limits their potentials for advancement in career and their ability to compete effectively in an ever increasingly competitive global village. Though the modern curricula are being designed and developed to address this inherent gap but the importance of students' emotional standard of performance may have been seen to be missing, misunderstood or neglected. It is therefore necessary to interrupt the ugly trend of poor academic achievement of the students by developing and enhancing their emotional intelligence skills which have been observed to be major determinants of academic achievement.

An overview of Child Well-being in Rich Countries (UNICEF 2007) acknowledged severe problems of deprivation and psychological maladjustment among children and teenagers and that disorderly behaviour has increased substantially in the last 20 years. The repercussions of psychological problems are many and varied, affecting several developmental areas and ecosystems in which the adolescent is involved, as well as compromising long-term mental health (European Pact for Mental Health and Well-being, 2008). In recent years, emotional intelligence appeared as a new framework to explain human outcomes as a result of a set of abilities to process and utilize emotional information (Mayer, Roberts & Barsade, 2008). This perspective is based on the hypothesis that people who are capable of expressing and understanding emotions, assigning meaning to emotional experience, and regulating their feelings will be better adjusted, psychologically and socially (Ciarrochi, Chan, Caputi, &

Roberts, 2001). Mayer and Salovey's (1997) ability model considers emotional intelligence as the capacity to process emotional information. Briefly, these researchers conceive emotional intelligence as "the ability to perceive accurately, appraise, and express emotion; the ability to access and/or generate feelings when they facilitate thought; the ability to understand emotion and emotional knowledge; and the ability to regulate emotions to promote emotional and intellectual growth" (Mayer & Salovey, 1997). Cherniss (2004) stated the importance of emotional intelligence as necessary to improving performance and psychological well-being in school work.

Emotional intelligence has been suggested to be an important factor to predict mental and physical health (Salovey & Mayer 1990). The relation between emotional intelligence and emotional disorders such as depression and anxiety and overall physical and mental health has been well documented in many researches (Martins, Ramalho, & Morin, 2010; Schutte, Malouff, Thorsteinsson, Bhullar, & Rooke, 2007). It has been reported that the individuals with poor psychological adjustment generally reported greater attention to their feelings, lower clarity of them, and inability to regulate their own mood states (Fernández-Berrocal & Extremera 2008).

Despite the important role of emotional intelligence in various aspects and performance indices of the individuals, most of the research has been conducted which lack exact mechanisms underlying theses associations. There is a dearth of studies involving emotional intelligence and academic achievement especially in Indian socio-cultural milieu which is qualitatively dissimilar to those of Western and American cultures with whom most of the available studies belong. The objectives of the study were to inquire into the nature of patterns of relationship between emotional intelligence and academic achievement of the students, to partial out gender differences in their academic achievement as a function of emotional intelligence and to illustrate the interaction effect of emotional intelligence and gender on the academic achievement of the students.

Hypotheses

The following hypotheses have been put forth to appropriate the objectives envisaged in the present study:

(1) Participants with average and high emotional intelligence will show higher scores on academic achievement measure as compared to the participants having low emotional intelligence.
(2) There will be positive correlations among the scores of emotional intelligence and the scores of academic achievement of graduate students.

METHODS AND PROCEDURE

Participants

One hundred and twenty graduate students age ranging from 18 to 25 years with equal number of

males (M = 20.12, SD = 1.92) and females (M = 20.38, SD = 1.34) of M. L. K. P. G. College Balrampur, Uttar Pradesh served as the participants in the present study. The stratified random sampling method was used as the technique to select the sample. With the prior permission of the college administration, the names and other details were collected randomly from the roll list who fell in the categories of low, average and high emotional intelligence categories out of two hundred twenty four on initial screening.

Tools

The emotional intelligence developed by Mangal and Mangal (2006) comprising 100 items covering four areas of emotional intelligence viz. intra-personal awareness (own emotions), interpersonal awareness (other emotions), intra-personal management (own emotions) and interpersonal management (other emotions) was applied as a tool. Twenty five items have been developed for each the four components of emotional intelligence. It has been standardized on 2200 (1050 males & 1150 females) students of 16+ years age. The reliability and validity of the scale have been well documented in previous researches. One mark for presence of emotional intelligence and o (zero) mark for absence of emotional intelligence were awarded and totaled to get scores for each four separate components and grand total for overall emotional intelligence. The raw score ranges from 90 & above, 77-89, 63-76, 49-62 and 48 & below indicated very good, good, average, poor and very poor, respectively for males. Similarly, score ranges 88 & above, 75-87, 61-74, 48-60 and 47 & below indicated very good, good, average, poor and very poor, respectively for females. The scores of the annual examination were taken as the indicator of their academic achievement.

Procedure

The whole sample was divided into twelve groups comprising ten participants each for the convenience of administering the tool. Before conducting the actual study, an integrated strategy was developed and a thorough study of the questioner and other details including the precautions and instructions were read and understood. As per the formulated plan of the study, the scale was administered and the scoring was carried out as per the guidelines depicted in their manuals. The raw score so obtained were arranged as per the design of the study. When the task of data collection was over, the same were treated with the help of SPSS-16 (Statistical Package for the Social Sciences), a special software programme to analyze the data. The means, Standard Deviations (SDs), Analyses of Variance (ANOVA), correlation and step-wise regression analysis were carried out.

RESULTS

The present study attempted to expound the impacts of low, average and high levels of emotional intelligence and gender on the academic achievement of graduate students. One hundred and twenty graduate students with equal number of males and females took part in the present study whose emotional intelligence and academic achievement were measured. The marks secured by

the participants in their annual examinations conducted by University were taken as the index of their academic achievement.

Table 1: Mean and SDs of Academic achievement scores of male and female students having low, average and high emotional intelligence

Gender	Level of emotional Intelligence	Mean	SD	N
Male	Low	53.30	1.75	20
	Average	61.65	1.84	20
	High	62.55	1.64	20
	Total	59.17	4.54	60
Female	Low	51.80	3.04	20
	Average	60.15	1.66	20
	High	62.10	0.92	20
	Total	58.02	4.94	60
Total	Low	52.55	2.56	40
	Average	60.90	1.89	40
	High	62.33	1.33	40

The Table 1 indicates that the males with low (M = 53.30, SD = 1.75) and average (M = 61.65, SD = 1.84) emotional intelligence exhibited higher academic achievement level as compared to the female participants (M = 51.80, SD = 3.04) and (M = 60.15, SD = 1.66) with same profiles of emotional intelligence. The case was revered with the male participants having high emotional intelligence who evinced lower mean academic achievement (M = 62.55, SD = 1.64) as compared to their female (M = 62.10, SD = 0.92) counterparts. The participants with low (M = 52.55, SD = 2.56), average (M = 60.90, SD = 1.89) and high levels of emotional intelligence participants (M = 62.33, SD = 1.33) differed in acquisition of their mean academic achievement scores.

Table 2: Summary of the ANOVAs of the academic achievement scores as the functions of emotional intelligence and gender

Source of Variation	SS	df	MS	F	*p*
Gender (A)	39.68	1	39.68	10.84	.081
Emotional Intelligence (B)	2230.72	2	1115.36	304.74	.003
A x B	7.35	2	3.68	1.01	.370
Within Ss. Error	417.25	114	3.66		
Total	2695.00	119			

The scores of academic achievement scores of male and female participants with low, average and high levels of emotional intelligence were further analyzed by applying Analysis of Variance (ANOVA) to uncover the intricacies of main and interaction effects of emotional intelligence and gender on the academic achievement of the participants. Table 2 indicates that the F-value of

the main effect of emotional intelligence, F (2, 114) = 304.74, p = .003, η^2_p = .997 (partial eta squared), was found to be statistically significant while the main effect of gender, F (1, 114) = 10.84, p = .081, η^2_p = .844, and interaction effect of gender X emotional intelligence, F (2, 114) = 1.01, p = .370, η^2_p = .017, could not achieve the levels of statistical significance. The simple interaction effects of gender and emotional intelligence on the academic achievement of the participants have been displayed in Figure 1a and 1b.

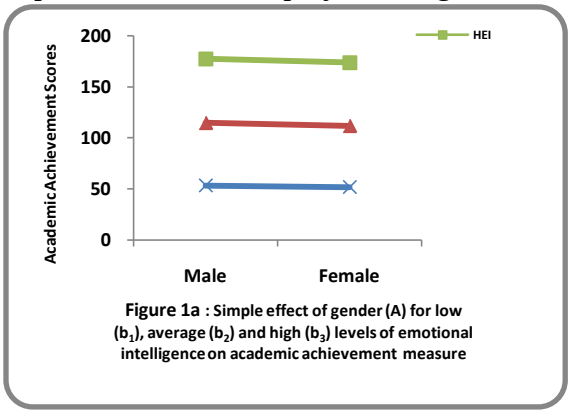

Figure 1a : Simple effect of gender (A) for low (b_1), average (b_2) and high (b_3) levels of emotional intelligence on academic achievement measure

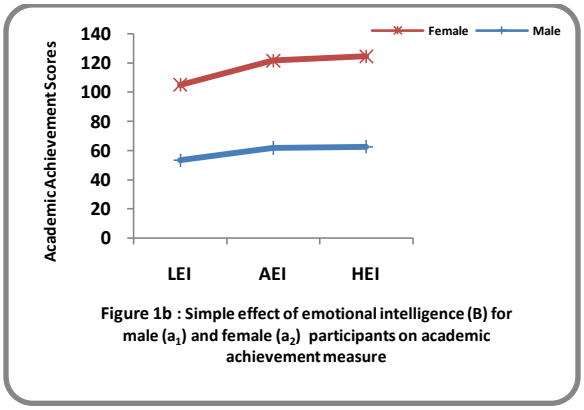

Figure 1b : Simple effect of emotional intelligence (B) for male (a_1) and female (a_2) participants on academic achievement measure

The scores of all the three levels of emotional intelligence and academic achievement of male and female participants were treated with the coefficient of correlation by using Pearson Product Moment method among, the details of which have been displayed in Table 3.

Table 3: Coefficients of correlation among the scores of emotional intelligence and academic achievement of male and female participants

Gender	Emotional Intelligence	Academic Achievement		
		r	*p*	N
Male-Male	Low	.471	.036	20
Female-Female		.112	.638	20
All		.060	.714	40
Male-Male	Average	.323	0.165	20
Female-Female		.145	.541	20
All		.125	.441	40
Male-Male	High	.449	.47	20
Female-Female		.294	.208	20
All		.235	.145	40
All Males & Females	All levels of EI	.834	.000	120

Table 3 indicates that the scores of emotional intelligence and academic achievement of male and female participants at cell-wise, variable-wise and overall demonstrated positive coefficients of correlation. The overall scores of emotional intelligence and academic achievement of the participants demonstrated a very high level of positive correlation (r = .834, p =.000). A Stepwise regression analysis of the overall scores of emotional intelligence and academic achievement of the participants was computed which indicated that (F = 270.32, p = .000, R^2 =

.696, df = 1, 119) about 69.60% of the variance in academic achievement of the students was contributed by their emotional intelligence. The regression equation (y = 0.304x + 40.39) depicted in Figure 2 indicates there was a positive correlation (positive y-intercept) between emotional intelligence and academic achievement and as per the equation, an increase (by one unit) in the emotional intelligence will result in an increment of 0.304 unit in the academic achievement of the students. So it can be concluded that greater the emotional intelligence higher will be the academic achievement of the students.

DISCUSSION

The results of the present study demonstrated that the scores of academic achievement of the students were shaped by their levels f emotional intelligence and gender. In recent past, the researchers have reported that affective components comprising mood, feelings and emotions have significant contributions in adjustment and academic achievement of the students and the way students undergo and perform in accordance with the anticipated tasks. Different competencies nest in emotional intelligence. The emotional competence is a learned capability based on emotional intelligence which results in qualitatively wonderful performance at work of all sorts (Goleman, 1998). However, the researches indicate that "one of psychology's open secrets is the relative inability of grades, IQ or examination scores, despite their popular mystique, to predict unerringly who will succeed in life" (Goleman, 1996).

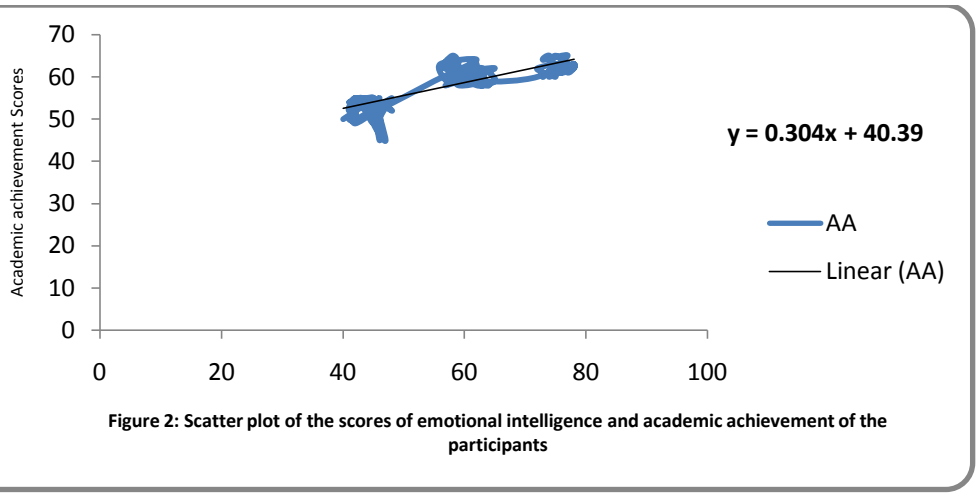

Figure 2: Scatter plot of the scores of emotional intelligence and academic achievement of the participants

Recent researches indicate a close association between intelligence and school performance. The patterns of association observed between emotional intelligence and the adjustment and academic achievement of the students are positive (Schutte, Malouff, Hall, Haggerty, Cooper, Golden & Dornheim, 1998; Ogundokun, 2007). Contrarily, another group of researchers have reported no relationship between emotional intelligence and, adjustment and academic achievement (Koifman, 1998; Sutarso, Baggett, Sutarso & Tapia, 1996). A study (Ogundokun, & Adeyemo, 2010) revealed that emotional intelligence has a significant correlation with academic achievement and adjustment of students. The findings of the present research are consistent with the earlier ones (Schuttle et al.; 1998; Tapia, 1998) who reported a significant relationship

between emotional intelligence and the Scholastic Aptitude Test. The effect of emotional intelligence on academic success is well documented in the literature (Adeyemo, 2007; Marquez, Martin, & Bracket, 2006). These results are explained assuming that emotional intelligence competences, such as ability to regulate one's feeling, problem solving, intrapersonal and interpersonal skills are highly germane to academic success and adjustment. The students who are adept in emotional management could use such skill to ward off stress and anxiety associated with test-taking and examination. In addition, ability to display interpersonal skills may assist students to seek academic help from teachers, peers and resource persons. In short, emotionally intelligent student would have better academic achievement or through emotionally intelligence there is a possibility of improvement of academic achievement.

It has been found that students with high EQ tend to be better learner, more confident, optimistic, creative, flexible, happier, successful at solving problems, being able to cope with stress with high self-esteem, with fewer behavioural problems, and also being-able to handle their emotions much better (Abraham, 1999, Cooper, 1997) and perform better in school (Tiwari, 2011). It also helps teacher to identify feeling and fears of students and recognize feelings and unmet emotional needs (Abraham, 1999; Hein, 2001). In addition, emotionally intelligence may have relevance in preparing and training teachers (Byron, 2001). Thus teachers may improve their potential to reach students with the socio-emotional learning activities during growth and development, and can also provide the necessary support to enhance learning activities and educational experiences.

It results of the present study evinced the abiding role of emotional intelligence in the academic achievement of the students. The conclusions of the present study have significant implications for the researchers, academicians, policy makers, administrators and the parents. The future research may focus the ways and means of instilling the students with emotional intelligence not only for academic success but also for their all-round development and growth in all walks of life. Future researches should also focus on other non-cognitive abilities such as forgiveness (Mudgal & Tiwari, 2015) and body image (Jain & Tiwari, 2016) which have been reported to be closely associated with performance in important areas of human functioning including academics. In addition, mixed methods design might be helpful in unearthing the true profile of the antecedents and correlates of academic success and achievement.

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Conflict of Interests
The author declared no conflict of interests.

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Effectiveness of Psycho-Spiritual Interventions on Emotional Intelligence and Psychological Resilience of Juvenile Delinquents

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ABSTRACT

The present study attempts to find out the efficacy of Psycho-spiritual interventions on emotional intelligence and psychological resilience among juvenile delinquents. Samples comprised of 5 delinquent boys who are remanded for commission of offenses of age 16-18 years, drawn through purposive sampling. Pre-test post-test experimental design is adopted. Psychological assessments are done using appropriate inventories for each variable. Interventions include Yoga, Super brain yoga, Meditations, CBT, cognitive re-structuring with mindfulness as the highlight and group counseling for 21 days over a period of 1 month. Paired sample t test was used to compare the pre test and post test scores. The outcome of the study substantiates the efficacy of the interventions for the enhancement of study variables among Juvenile delinquents.

Keywords: *Juvenile delinquents, Emotional intelligence and psychological resilience, Psycho-spiritual interventions*

"***E****very delinquent child is a victim of circumstances*," the saying that is powerful enough to evoke the necessity of looking upon juvenile delinquency as an awe-inspiring pursuit. When the status of a 'free child' turns to that of a "juvenile delinquent", his or her dignity or self esteem spontaneously plummets. How well one can cope to this change, depends mainly on their psychological attributes like resilience and their intelligence variables like emotional quotient and spiritual quotient.

Juvenile delinquency etymologically is, participation in an illegal behaviour by a minor (individual younger than statutory age), which would have been charged as a crime if it were committed by an adult. According to the definition set forth by United Nations Convention for Right of the Child (UNCRC) recently they are grouped as, the children those are kept in juvenile

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rehabilitation centers on being accused of the commission of crimes [1]. In India section 2(1) of the juvenile care and protection of children Act 2000, has coined the term Juvenile in conflict with law (JCL), as "one who is alleged to have committed an offense and has not yet completed 18^{th} year of age on the date of commission of such offense. Juvenile delinquent is retained in separate Juvenile Justice Institutions called Observation homes, which were previously known as remand homes. UNCRC, an internationally accredited document in the area of Child rights and Child protection has been ratified by nations worldwide, defines the age of criminal responsibility as an age below which a child cannot be responsible for any act committed by him. This goes well in tune with the opening statement and the gravity, which this intensely damaging social issue truly demands.

Psychological Resilience is defined as the capacity of the individual to effectively modulate and monitor an ever-changing complex of desires and reality constraints [2]. It is simplified as the ability to cope with stressors in life. In a study among adolescents of high caliber in education, having had experienced misbehavior argue that 21% of them had good social resilience. Such studies depict that being religious creates objectivity in adolescents despite their current problems. Some teenagers use their faith to create hope for improvement of condition in the future [3]. Effect of family, religious approaches and hope for the future are considered as potential protective factors of psychological resilience. Existing researches, examining the processing of emotional stimuli in depressed participants and in resilient participants might however; elucidate how emotion might specifically affect cognitive-behavioural processes in depressed individuals and in never-disordered individuals.

Emotional Intelligence signifies the ability to understand and manage ones as well as the others' emotions. It refers to a combination of skills these include empathy self control, self awareness, sensitivity to the feeling of others, persistence and self motivation among others [4]. The Greek Philosopher, Aristotle puts forward a right recipe for handling relations smoothly. He said that one must be able to be angry with the right person, to the right degree, at the right time, for the right purpose and in the right way. It is nothing but high quality of soft skills'.

All theories on psychological stress view that two concepts are central on deciding the level of stress experienced [5] one is Appraisal i.e., individual's evaluation of the significance of what is happening for their wellbeing [6] and the other is Coping i.e., individual's effort in thought and action to manage specific demands. The holistic perspective of yoga is to accept every experience of life (apparently rewarding or punishing) with equanimity as part of the integral whole contributing to a better awareness of self providing deeper insights leading one towards the real purpose of life. In other words every experience comes with a lesson to be imbibed and should be looked upon as an opportunity to learn, understand and evolve as a better self to a higher level of consciousness.

OJJDP publication [7] on juvenile delinquency says intervention methods are required to prevent child delinquency from escalating into serious and violent juvenile offending which must address a range of risk and protective factors. Thus setup better moral and ethical values in life. This also helped in shaping at least some of them to better human and social beings. Meditations, Yoga therapy and psycho-therapy prepare them to cope better, with the stressors of life ahead to throw light upon their distorted cognitions. Create awareness about maladaptive thinking patterns, resultant negative behaviours, and subsequent harmful issues creating damages. To show the scope for a change, a positive change and boost inner strength to be virtuous through cognitive restructuring, and develop empathy towards the victim of the committed crime. Ultimately foster an integral perception of life.

Objective

The present study is intended upon to consider the possibilities to enhance the emotional intelligence and psychological resilience through psycho-spiritual interventions among juvenile delinquents.

METHOD

Participants

Samples are selected through purposive sampling method for the present study. They include 5 juvenile delinquents remanded in the Observation Home for boys (juvenile justice Institution under The Social Justice Department of the Government of Kerala.) for commission of serious offenses, in the age group between 16 and 18. All of them are school-dropouts, at high school level, and of comparable socio-economic status. The inclusion criteria are their nature of delinquency, (Using a checklist) [8] satisfactory mental and physical health, co-operation and willingness to change, Data drawn from interviews and other secondary data such as information from caretakers and medical records.

Instruments

The following instruments are used to collect data for the study.

a. **Emotional Intelligence Inventory** : Emotional Intelligence Inventory (EII) developed by Immanuel Thomas and Sushama [9] the questionnaire contains fifty items and a five-point response scale with points 5,4,3,2,1 ranging from completely agree to completely disagree. Twenty nine are positive items and twenty one are negative. For negative items the scoring is done in reverse order. The total score gives overall Emotional Intelligence Quotient. Apart from that sub score of items falling under factor I gives personal efficacy, factor II sub-score denotes Interpersonal efficacy and finally factor III sub scores point towards ones Intrapersonal efficacy. Reliability of the Emotional Intelligence Inventory has been established using Cronbach Alpha, the coefficient obtained is 0.88 and the questionnaire has found to have high content validity.

b. **Child and Youth Resilience Measure (CYRM-28)** developed by the Resilience Research Centre in 2011 [10] is the instrument used to measure psychological resilience in the present study. It consists of 28 items elucidating their stress areas and how they validate various relationships- with parents, authorities, friends, with one self and how these relationships come to assistance in handling a crisis and stress coping. The responses to be given on a 5 point liker scale ranging from 'not at all true' of me, to 'a little', 'somewhat', 'quite a bit' finally to 'A lot.' The values allotted for the responses are from 1 to 5. 1 given for 'not at all true' in ascending order to 5 given for 'a lot.' The summation of all 28 values gives the overall psychological resilience score of the individual. CYRM-28 has three subscales: Individual capacities and resources. (I score) , (scores of the items 2,4, 8, 11, 13,14,, 15,18, 20,21 and 25) The second subscale is (r score): Relationships with primary caregivers and the third (c score) Contextual factors that facilitate a sense of belonging. Higher the score, better the resilience. The reliability and validity tested, Cranach's alpha coefficient obtained 0.76 [10]

c. **Demographic data sheet:** A demographic data sheet has been prepared for the purpose of collecting data like age, education, Socio Economic status of the family and Occupation of the parent.

PSYCHO-SPIRITUAL INTERVENTIONS

The psycho- spiritual intervention designed is a combination of spiritual, yogic and psycho therapeutic practices. Indigenous healing practices like Thopukarnam (Super brain yoga), Meditation and Pranayama comprise the spiritual part.

To be conscious of our respiration, feel the air entering and leaving our body. [11]. the key factor of meditation is *mindfulness* i.e., being totally here and now relishing the present moment to its fullest. Meditations if ardently practiced in the right manner for a considerable duration can create structural changes in human brain that helps one evolve to a higher level of consciousness. Researches of Pert[12] Psycho neuro-immunologist suggests this, in her quote on *Info realm* referred to as a separate realm of connection between body and brain that links together and communicates with all cells in the body. Bodhi, R.Badami [13] observed 'The effectiveness of yoga on adolescent with developmental disabilities and found that yoga has been very effective for personality development". Practice of these techniques helps to train the nervous system and produce physiological balance in different systems of human body and mind. Mindfulness is the key to the cognitive restructuring part of the cognitive behavioural therapy.

Super brain yoga

Inhale as slow as possible and squat down to ones comfortable range; with hands holding on to the opposite side earlobes crossing at the chest. Then come back to resume the position as you

exhale. Repeat it for 3-5 minutes duration or for 15 to 20 times continuously. One can take pause for few seconds in between in case fatigue.

Relaxation with white light meditation

Progressively tense and relax each body part starting from left foot, right foot, left foreleg, right foreleg, left upper leg, right upper leg, buttocks, traversing up till back of the neck: progressively tensing for a count of 3 and progressively relaxing for the same count. (as in Jacobson's relaxation technique) At total relaxation visualize white light traversing to each part of the body deeply relaxing and healing it, right from foot to head.

Pranayama

Posture: Sit in a comfortable position in any asana posture on a mat on the floor, or in a chair. Keeping the body straight, hand resting on the knees, palms open and eyes closed.

Method Start up with long deep inhalation keeping a notice of time taken and exhale slowly chanting 'Om' spending exactly the same count. 3 cycles of 10 each, with a pause of 1-2 minutes between cycles.

Mantra Yoga

Posture: Same as pranayama

The chanting of cosmic mantra "OM" with split syllables of "a…", "U…."and "um…."to a count in the ratio 1:2:4 respectively, synchronized with a single exhalation following a long deep inhalation. The ratio part brings in total mindfulness mentally chanting the mantra focusing between the eyebrows, at heart and at the navel.

Meditation

Posture: Same as above or lie down, in continuum with mantra chanting. Just observe the thoughts and let go. Do not forcefully push away, or be pulled along with it.

Mentally chanting the mantra focusing between the eyebrows. Just observes the thoughts, acknowledge and let go (any of these meditations, to be practiced daily with mindfulness). Deeper and longer guided meditations with music are given only once a week during tutorials.

Cognitive restructuring*:* The sessions imparting Integral perception and analyzing thought patterns, in group. Cognitive Behavioural Therapy is given with highlight in mindfulness.

Group and Individual counseling is overlapping with CBT, to help them positively look at the remand period as the inevitable effect of a committed crime undergone, and accepting themselves totally by inculcating value additions to their perceptions. To provide with effective coping strategies to overcome associated negative emotions like hurt, despair, rejection, vengeance, lack of forgiveness and hate for the world. It is aimed at imparting soft- skills and positive qualities to look at incidents from a different angle, bring awareness to the problems

related to maladaptive thinking patterns, consequential negative emotions and to replace these with acceptance, forgiveness and constructive coping strategies. Counseling takes into consideration, the orientation of the individual and the group. One session per sample was given if required, to tackle their specific problems and emotional requirements, and general problems were addressed in the group sessions.

Schedule

Intervention was given for a period of 21Days (Approximately 4 hrs a day except Sunday's tutorial) Given with follow-up instructions for daily practice, about an hour altogether. Every training session started with Super brain yoga for 5 minutes duration. The instruction for follow up is to do the cycles regularly in the mornings for 3-5 min. or 15 times. The second in line comes relaxation with white light meditations of about 10 minutes. Omkar pranayama posture with a straight spinal column, observing and feeling the coolness and warmth of respiration (common for pranayama, 'Om' and other meditations) Takes approximately 15 to 20 min. suggested regular practice in the mornings. For Om meditations, 10 minutes of abdominal breathing is recommended. A session of 20-25 minutes is advised to be set apart for meditations regularly preferably in the mornings after pranayama or Om chanting.

PROCEDURE AND STATISTICAL ANALYSIS

Pre-test post-test experimental design is the research method is adopted. After doing the pre test on the study variables Emotional Intelligence and Psychological Resilience, Psycho-spiritual interventions are given for a period of 21 days over a period of one month. Experimenter, who is also a yoga and spiritual trainer, imparted the training on psycho-spiritual techniques, for duration of 4 hours per day for 21 days, with instructions for daily practice and schedule for follow up. This is to aid them, in developing an insight on their delinquent nature, address potential risks involved in their thus projected future. At the end of intervention period, post-test was conducted. The pre test and post test scores were compared using paired sample t-test in SPSS.

RESULT AND DISCUSSION

The statistical method used in analyzing the data is Paired sample 't' test and the results are given in Table: 1

Table: 1 Comparison of pre test and post test scores on study variable

Variables	Scores	Mean	N	Standard deviation	t value
Personal Efficacy	Pre Test	67.40	5	5.863	
	Post test	107.40	5	18.093	30.679**
Interpersonal Efficacy	Pre-test	29.20	5	18.838	
	Post-test	43.00	5	7.278	5.863**

Variables	Scores	Mean	N	Standard deviation	t value
Intrapersonal Efficacy	Pre-test	22.40	5	6.819	
	Post-test	47.60	5	8.520	18.093**
Total Emotional Quotient	Pre-test	117.00	5	11.072	
	Post-test	199.20	5	11.256	18.838**
Individual Component	Pre-test	24.20	5	7.362	
	Post-test	49.20	5	3.114	7.278**
Relationship Component	Pre-test	17.00	5	4.472	
	Post-test	31.40	5	2.702	6.819**
Belongingness Component	Pre-test	19.40	5	3.130	
	Post-test	47.40	5	7.057	8.520**
Psychological Resilience total	Pre-test	60.60	5	12.896	
	Post-test	128.00	5	7.517	11.072**

** Significant at 0.01 level

Paired sample t test has been done to find out the mean difference of pre-test and post-test scores of all the study variables. From the results, the t-value of 30.679 for Personal efficacy was found significant at 0.01 levels. Thus the pre-test and post-test scores are significantly different. Comparing the mean values it becomes very clear that the *post-test* scores are significantly higher than the *pre-test* scores. This substantiates the fact that the Personal Efficacy, the first subset of Emotional Intelligence is considerably enhanced as a result of psycho-spiritual interventions among juvenile delinquents. The t- values of Inter personal efficacy and Intra personal efficacy are 5.863 and 18.093 respectively. These point out to the fact that the efficacy of psycho-spiritual intervention is significantly contributing to an increased Interpersonal and Intrapersonal efficacies, the second and third subsets of Emotional Intelligence Quotient. The mean difference of the pre-test and post test scores of Total Emotional Quotient is clear in the table as‘ t’ value of 18.838 significant at 0.01 level. On comparison of the pretest and posttest scores, of the mean values of all the variables vouch on the efficacy of psycho-spiritual interventions in enhancing considerably the Emotional intelligence quotient and it’s all sub-components of juvenile delinquents.

The mean difference between pre-test and post-test scores of the subset individual component of the Psychological Resilience is highly significant at 0.01 levels. The mean value of the post test score is on the higher side which emphasizes that the psycho-spiritual interventions has been effective in bringing about a positive significant change in this area. The t value obtained from pre and post test mean values for the relationship component, the second subset of psychological resilience is 6.819, marked as highly significant at 0.01 levels. Table gives t- value=8.520 for belongingness component as a subset of psychological resilience as denoting the difference between pre and post-test scores. When we compare the mean values of pretest and post test scores for Total Psychological Resilience, post test shows a significant rise. The mean difference

or t value is 11.072, which is highly significant at 0.01 levels. The higher values for the post test scores and highly significant t values, for Total Psychological Resilience and all the three subsets- individual (i score), relationship score(r score) and belongingness score(c score), substantiates the fact that the Psycho-spiritual interventions has been highly effective in enhancing Psychological Resilience.

Result of the present study supports the study done by Bodhi, R.Badami [13], who observed "The effectiveness of yoga on adolescent with developmental disabilities and found yoga is very effective for personality development". Practice of these techniques helps to train the nervous system and produce physiological balance in different systems of human body and mind. Mindfulness is the key to the cognitive restructuring part of the cognitive behavioural therapy Researches conducted in the same line echoes the findings of the present study.

Enhancement of these variables would prevent from falling back again into the vicious cycle because of distorted cognitions which could lead to increase in the psychological setbacks – maladaptive behaviour, associated diseases and disorders. In order to reduce the use of these errors is necessary to avoid labeling problematic individuals accepting them as they are. [14]. Practicing mindfulness techniques (meditation, yoga, body scan, stress management, etc.), increases the ability to tolerate negative emotional states and makes them ready to deal effectively with reduced stress maladaptive coping strategies. [15]

CONCLUSION

The finding of the present study analyzes the effectiveness of the spiritual and psycho-therapeutic training program on Psychological resilience and Emotional Intelligence. Pre-test post-test experimental method is adopted. The intervention training program is imparted on the sample group of juvenile delinquents selected through purposive sampling. The interventions comprised of meditations, Yoga therapy and psycho therapy. Pre and post assessments of the scores on study variables were taken using appropriate and standardized instruments. Paired sample t test is the method adopted for statistical analysis. Results of the analysis clearly depicts that a highly significant difference was brought about in the study variables- an increase was found in the scores of Emotional Intelligence and Psychological resilience and the three sub factors of each. Findings substantiate that the study variables and all the sub factors of EQ and resilience of Juvenile delinquents are significantly enhanced through psycho-spiritual interventions and thus the intervention can be considered as highly effective.

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Conflict of Interests

The author declared no conflict of interests.

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Impact of Psycho-Spiritual Intervention on Psychological Well-Being of Congenital and Acquired Visually Impaired Adolescents

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ABSTRACT

The present study was designed to study the impact of psycho-spiritual package on psychological well-being of acquired and congenital visually impaired adolescents in the age group of 12 to 18. The sample consisted of 100 visually impaired adolescents (50 congenital and 50 acquired visually impaired adolescents) divided into experimental and control group of 50 each. Hindi adaptation of Ryff's psychological well being scale was used in the study. The results show that psycho-spiritual package increases the psychological well being of both the congenital and acquired visually impaired adolescents.

Keywords: *Psychological Well-Being, Psycho-Spiritual Intervention, Acquired Visually Impaired Adolescents And Congenital Visually Impaired Adolescents.*

The best and most beautiful things in the world cannot be seen or even touched. They must be felt with the heart. Imagine the life one has to live without seeing the beauty of rising sun, beauty of blooming flowers and even unable to see the face of his mother. So, eyes are the most precious organ in the human body used to view the world, so one has to face innumerable difficulties in the absence of vision. Various problems that the visually impaired people face are problems in orientation and mobility, problems in conversation, problems in social contact, personality problems, psychological problems etc. Blindness may therefore create formidable social and psychological problems for individual. Visual impairment is such a disability that affects entire personality and psychological well being of a person.

Unlike sighted adolescents, blind adolescents have a harder time with finding independence. Adolescence is the stage of human development that bring about, among other outcomes, the deepest identity crisis, during which the perception of self is challenged to a point in which a whole new personal identity starts to develop.

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They have to depend more on others to get where they want to go. Sighted adolescents can go off anywhere. It is important for visually impaired adolescents to feel independent. With the feeling of autonomy or independence come a higher self esteem and a better sense of identity. Blind adolescents those have high self esteem and a strong sense of identity have an easier time adapting to their environments than those with low self esteem and weaker sense of identity.

It is important for blind adolescents to have positive peer relationships (positive relations with others). A positive peer relationship helps to improve a blind adolescent's self-image and self-esteem. Peers also give them a sense of being a "normal" adolescent. Many blind adolescents though find it difficult to socialize with their sighted peers. This is because in adolescents those that are different from the normal are not always accepted in the sighted peer groups.

Visual impairment refers to condition characterized by complete loss of vision either congenital or acquired. Many children either born visually impaired or develop visual impairment in the early years of their lives. Who they are visually impaired by born is called 'congenital blind' and who develop visually impairment in the early years of their lives are 'acquired blind'. Whether vision loss is by birth or acquired, it is cause for great stress and anxiety, often leading to physical, emotional, and social limitations.

Psychological well being is about lives going well and the combination of feeling good and effectively. Sustainable well being does not requires individuals to feel good all the time ; the experience of painful emotions(disappointment, failure, grief etc) is normal part of life , and being able to manage these negative or painful emotions is essential for long term well being. Carol Ryff (1989) believes well-being can be described through a number of components: Self-acceptance, Personal growth, Purpose in life, Environmental mastery, Autonomy and Positive relations with others. For each area, consider: what does this mean day to day? How much are we 'doing' it in our life, today? How could we increase it tomorrow?

Psycho-spiritual intervention is technique involves psychological technique and spiritual techniques for the treatment of psychological problems. For enhancing the psychological well-being of visually impaired adolescents researcher developed a psycho-spiritual package. This package consists of Amritvani (Motivating messages of Pt. Shri Ram Sharma Acharya,1981), So-ham sadhana and group counseling. This package was 60 minute program for 30 days.

In amritvani researcher choose those motivating messages which are related to the components of the dependent variable psychological well-being viz; self-acceptance, personal growth, purpose in life, environmental mastery, autonomy, and positive relation with others. It was given to the facilitated group every day for five minutes.

Soham sadhna is a combination of pranayam and meditation. According to Swami Satyanand (2006): "It is said that through pranayam in soham sadhna you enter the land of meditation". Literally meaning of Soham is 'I am that' i.e. I am a devotee of that supreme once, and he is my lord (omnipresent God). Soham sadhna was 25 minute program of every day for the facilitated group.

Group counseling is a form of therapy where a small group client meets regularly to talk, interact and discuss problem with each other. In this research group counseling was an opportunity to visually impaired adolescents to discuss their problems together and also had the opportunity to seek their ideas of solution during the alternative brain-storming stage. It was 30 minute program of every day.

Studies have been done in many fields related to adolescents, but researches related to visually impaired adolescents are rare and there is a need to understand the psychological well being of visually impaired adolescents (congenital and acquired visually impaired adolescents) and suggest some ways to improve it. Several studies have shown that the practice of spiritual techniques such as meditation, visualization, have a definite role in the promotion of positive health including psychological well being. In the present study the researcher has attempted to investigate the "Impact of psycho-spiritual intervention on psychological well- being of visually impaired adolescents''.

Hypotheses:

1. Psycho-spiritual intervention increases the psychological well-being of congenital visually impaired adolescents.
2. Psycho-spiritual intervention increases the psychological well-being of acquired visually impaired adolescents.

Variables:

The variable for the study have been categorized as follows-

Independent Variable- Psycho-spiritual intervention

Dependent Variable- Psychological well-being of congenital and acquired visually impaired adolescents.

Research Design:

The study employed control group design.

Sample:

The sample consisted of 100 male visually impaired adolescents in the age group of 12 to 18(50 acquired and 50 congenital visually impaired adolescents). They were divided into two groups

viz experimental and control groups and matched in regard to education, socioeconomic status and level of psychological well-being.

Tools:

Hindi adaptation of Ryff's(1989) psychological well-being done by Dr S. N. Rai and Mrs. Deepika Gupta (2006), was used for the assessment of psychological well being of visually impaired adolescents.

Procedure:

In this empirical study a sample of 100 visually impaired adolescents (50 congenital and 50 acquired visually impaired adolescents) was taken from Ajranand Andh Vidyalaya, Haridwar. These subjects were randomly placed in two groups, 50 in experimental and 50 in control group. Dr S.N.Rai's hindi adaptation scale of carol ryff's psychological well-being scale was administered upon both the groups and the test was administered orally and individually. After matching the both the groups researcher applied psycho –spiritual intervention on facilitated group. Psycho- spiritual intervention consists of amritvani (Motivating thoughts), Soaham sadhna and group counseling. This package was 60 minutes programme that continued for 30 days. After 30 days the psychological well-being was measured of both the groups. The data were analyzed using't' test.

RESULT

Table: 1

Groups of congenital visually impaired adolescents	Psychological Well-being	N	Means	SD	SEd	t-value
Experimental	Pre	25	158.42	16.13	3.71	8.26
	Post	25	188.62	12.88		
Control	Pre	25	158.12	15.48		
	Post	25	158	13.32		

$p < 0.01$

Result Table: 2

Groups of acquired visually impaired adolescents	Psychological Well-being	N	Means	SD	SEd	t-value
Experimental	Pre	25	157.21	13.33	3.14	7.40
	Post	25	182.13	12.66		
Control	Pre	25	157.96	9.14		
	Post	25	158.88	9.29		

$p < 0.01$

DISCUSSION

Results of the present study lead to the acceptance of both the hypotheses that there is a significant effect of Psycho-spiritual intervention on psychological well-being of congenital and acquired visually impaired adolescents. The higher mean score of facilitated group on psychological well-being suggests that the students who participated regularly in psycho-spiritual intervention program are happier and mentally healthy in comparison to control group.

After comparing of means of both (congenital and acquired visually impaired adolescents group) the experimental group researcher finds that the impact of psycho-spiritual intervention is slightly higher in congenital visually impaired adolescents in comparison to acquired visually impaired adolescents. Thus we can conclude psycho-spiritual intervention affects the human personality and enhances the hidden quality of visually impaired adolescents.

Results are consistent with the previous research finding that the specialized counseling services can be helpful in facilitating the well being among the individuals visual disability. Ishawar and Nishad (2010) found that the adolescent's student who practiced yogic concentrative meditation experienced gains to both psychological well-being and leadership skills. In another research Singh, J.P. (2007) found that proper training and rehabilitation efforts can do much to help the blind adapt effectively to living with loss of sight. Betal C. (2005) found that those who are daily practicing meditation have better health in comparison to those who are not practicing.

CONCLUSION

The result of present study reveals that the psycho-spiritual intervention improves the psychological well being of visually impaired adolescents. It affects the autonomy, environmental mastery, positive relation with others, self acceptance, personal growth and purpose in life. All these aspects affect the interpersonal and social behavior of an individual. Hence, it can be concluded that the psycho-spiritual package is beneficial for visually impaired adolescents and strengthen the positive aspects of them and also helps in developing the society.

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Conflict of Interests

The author declared no conflict of interests.

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Transforming Learning–Empowering Children through Multiple Intelligences

Venkateshwar Rao D[1]*

ABSTRACT

The purpose of this study is to evolve a cooperative learning strategy using teaching-learning activities prepared according to Multiple Intelligences Theory and study the impact on scholastic achievement of students. The study has been carried out on 6th grade students who did not show any improvement in an intervention programme especially with respect to scholastic achievement. Data was collected from 16 students of 6th grade by following purposive sampling technique. Data was subjected to statistical analysis by using mean and t- test. The findings indicate that when cooperative learning opportunities are combined in the curriculum by using Multiple Intelligences theory, students' scholastic achievement in various subjects will be improved. It has been recommended to follow the same teaching-learning approach to improve the scholastic achievement of students at school level.

Keywords: *Multiple Intelligences, Scholastic Achievement, Cooperative Learning, Teaching Learning Activities*

People have many individual differences that distinguish them from others. One of these differences is intelligence. The concept of intelligence has been employed in varied ways over the centuries. There is no universal definition for intelligence. Different psychologists have defined intelligence in different ways. For example: Terman defined intelligence as "the ability of an individual to carry out abstract thinking''. According to Wechsler intelligence is "the global capacity of the individual to act purposefully, think logically and deal effectively with the environment'' (Parameshwaran & Beena, 2002). Thorndike defined intelligence as "the power of good responses from the point of view of truth or fact". (Mangal, 2004).Similarly the concept of measuring intelligence attracted various methodologies in research studies.

Since, there is no consensus on the definition and measurement of intelligence, many theories has been developed. Spearman's two factor theory, E.L. Thorndike's group factor theory and

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Howard Gardner's multiple intelligences theory can be listed as some examples (Smith, 2002, Smith, 2008 &Smith, et al., 2003). Gardner opposed the notion of a unitary Intelligence Quotient (IQ) and proposed that intelligence be thought of as a wide range of human capabilities.

Multiple intelligences theory

Gardner's first full length statement of the theory of multiple intelligences was published in 1983 in the book titled "Frames of mind: The Theory of multiple intelligences". Initially Gardner, (1983) defined intelligence as "the ability to solve problems or to create products that are valued within one or more cultural settings". Revising his definition in 1999, he defined intelligence as 'a bio psychological potential to process information that can be activated in a cultural setting to solve problems or create products that are of value in a culture' (Gardner, 1999, Gardner & Hutch,1999).

Teaching-learning process – a major concern and challenge

In providing schooling facilities to all children in India, considerable progress has been achieved after independence. But quality of learning remains an area of major concern and challenge. Ministry of Human Resource Development, Government of India constituted a committee in November 2015 to formulate a draft national education policy. The committee observed poor learning out comes as the biggest challenge facing Indian education on the basis of various research studies which show a decline in learning levels (Government of India, 2016).Studies undertaken by the government and various private organizations in primary and elementary classes are observed poor learning levels (ASER, 2015: Education Initiatives, 2010; Pratham, 2005-2010; NCERT, 2008).

According to Children's Learning Acceleration for Sustainability Andhra Pradesh (CLAPS) an initiative that aims to improve learning levels in all areas of the primary school curriculum, about 35 percent of children are unable to read and write and perform fundamental mathematical operations. Andhra Pradesh State Curriculum Framework- 2011(State Council of Educational Research and Training, 2011) included teaching-learning process as one of the major concerns and challenges. It says "Children learn by doing and observing at elementary stage which requires meaningful activities/projects in every subject and teacher acting as facilitator. Most of the schools show no evidence of such practice except lecture mode, reading text books *Para by Para* and explaining and asking children to copy down answers from the text books.

According to many research studies the rich interactions between teacher-pupil, pupil-pupil and pupil and learning material are missing in classrooms.

National Curriculum Framework, 2005 observed that "much of our learning is still individual based (although not individualized!). The teacher is seen as transmitting knowledge, which is usually confused with information, to children and organizing experiences in order to help

children learn. But interaction with teachers, with peers, as well as those who are older and younger can open up many more rich learning possibilities. Learning in the company of others is a process of interacting with each other. It is also through the learning task at hand (National Council of Educational Research and Training, 2005).According to various research studies cooperative learning strategies facilitates better learning outcomes at school level. According to Ediger, M (1998) to optimize instruction we should help students to work effectively with others in collaborative situations. The present study used multiple intelligences approach as a cooperative learning strategy.

The purpose of Multiple Intelligences theory is not to label or exclude individuals. The purpose is to promote success for all learners. This can be achieved by allowing the learners to choose different paths to learn a task. (McKenzie, 2009). Multiple intelligences theory allows such type of teaching-learning activities at school level. So the investigator designed the intervention programme by integrating multiple intelligences to improve the scholastic performance of students. The results (Table no. 1) indicate that the performance of the students improved significantly after the intervention.

Objectives

1. To identify Multiple Intelligences profiles of poor performers of 6^{th} grade.
2. To study the impact of teaching-learning activities prepared according to the Multiple Intelligences Theory as a cooperative learning strategy on academic achievement of poor performers.
3. To compare the mean achievement scores of scholastic achievement test (pre and post intervention).

Hypotheses

1. Cooperative learning strategy using Teaching-learning activities prepared according to Multiple Intelligences Theory helps to improve scholastic performance of 6^{th} grade students.

METHOD

Sample

The sample of the study comprised of 16 students of 6^{th} grade. The sample was drawn from 208 sixth grade students who have gone through an intervention and showed poor performance even after the intervention.

Research Tools

Students Personal Data Schedule: It was developed by the investigator to gather information related to gender, community, family income etc.

Multiple Intelligences Survey (MIS): MIS was developed by McKenzie. It consists of multiple intelligences domains with 10 statements for each domain. The participants have to place 1 next to each statement if it accurately describes them. If the participants do not identify with a statement they have to leave the space blank.

Procedure

Research was conducted after taking permission from the school authorities and obtaining consent from the students. After fixing the tentative time schedule for the study, data were collected before and after intervention.

In the first step the investigator identified 16 poor performers of 6^{th} grade on the basis of their poor scholastic performance (score of less than 45%) in the scholastic achievement test of a research study. In the second step MIS was administered. Students Multiple Intelligences profiles were prepared on the basis of MIS scores and discussed with them. They were advised to build their learning process on the basis of their strengths based on multiple intelligences profiles and improve in the weak areas. In the third step the investigator facilitated the cooperative learning through Multiple Intelligences (MI) theory approach for a span of 9 weeks. The investigator facilitated the cooperative learning among students.

The following diagram helps to understand the procedure adopted by the investigator to facilitate cooperative learning through MI approach among students.

Co-operative learning through MI approach: Diagrammatical representation

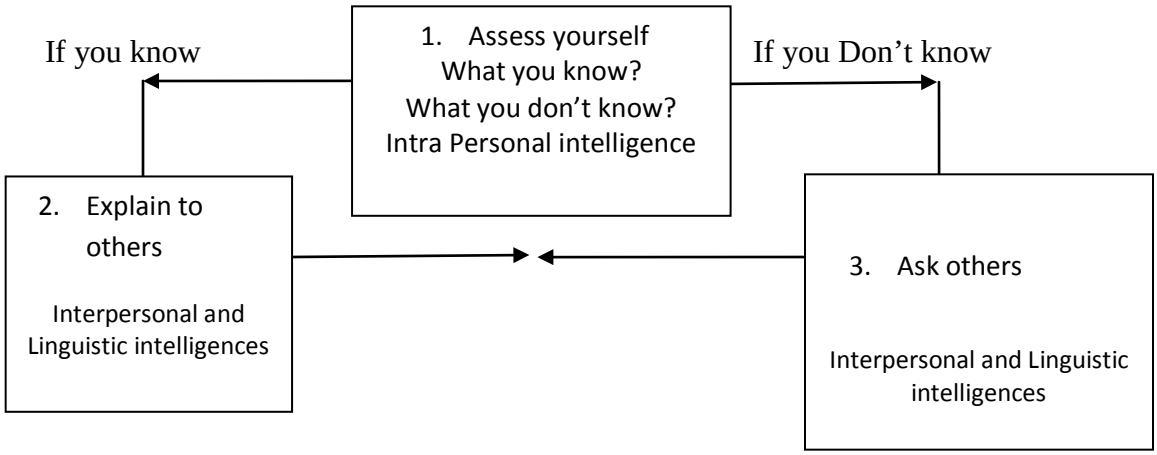

Figure No. 1 showing cooperative learning through MI approach.

The above figure No. 1, describes the procedure adopted for cooperative learning through MI approach. After self assessment student asks others for explanation. If they know a concept then they explain to others by using the following methods.

- Using charts (Spatial intelligence)
- Using songs (Musical intelligence)
- Using relationships (Logical intelligence)
- Using real world applications (Naturalistic intelligence)
- Using physical objects (Body –Kinesthetic intelligence)

After the intervention the students performance on the basis of scholastic achievement test marks (provided by the school) was recorded and analyzed

Data Analysis

Data was analyzed by using statistical techniques mean and 't' test.

Ethical issues followed

A written consent was taken from the school authorities to conduct the study. Similarly an oral consent from the students was taken. The freedom to withdraw from the study at any stage was given to school authorities and students. Confidentiality of the data was assured. Finally data was collected from the students with the help of research tools (self administered questionnaires).

RESULTS

Sample

Out of 16 students 7 are boys (44%) and 9 are girls (56%). Community wise BC's are 75% and SC's are 12.5% and OC are 12.5%. 56% of the families belong to income group of Rs. 5,000 – Rs. 10,000 and 38% families up to Rs. 5,000 income per month. 6% of the families belong to income of above Rs. 10,000 per month.

Table no: 1, Showing the mean scores of students Multiple Intelligences

Intelligence	Mean score	Rank
Naturalist Intelligence	8.63	1
Bodily-Kinesthetic Intelligence	7.94	2.5
Interpersonal Intelligence	7.94	2.5
Logical Mathematical Intelligence	7.69	4
Intra personal Intelligence	7.38	5
Spatial Intelligence	7.25	6.5
Musical Intelligence	7.25	6.5
Linguistic Intelligence	6.38	8

From the above table no: 1 mean score of students Multiple Intelligences' ranked from 1 to 8. The highest mean score (8.63) was on Naturalist Intelligence. The next intelligences with highest mean score of 7.94 are Bodily Kinesthetic Intelligence and Interpersonal Intelligences. Ranked number 4 is Logical Mathematical Intelligence with a mean score of 7.69 and number 5 is

Intrapersonal Intelligence with a mean score of 7.38. The next intelligences with a mean score of 6.5 are Spatial and Musical Intelligence. Ranked number 8 is Linguistic Intelligence with a mean score of 6.38.

Table No: 2, Showing Comparative performance of students' (Scholastic Achievement Test marks) (N: 16)

Subject		N	Mean	SD	't' value
Mathematics	Pre-Test	16	44.6	16.4	11*
	Post-Test	16	64.9	14.6	
Science	Pre-Test	16	33.5	16.3	9.7*
	Post-Test	16	55.9	18.1	
Social	Pre-Test	16	38.1	16.1	13.8*
	Post-Test	16	64.9	18.8	
First Language	Pre-Test	16	38.4	18.8	13.4*
	Post-Test	16	63.3	16.5	
Second Language	Pre-Test	16	38.4	16.3	6.8*
	Post-Test	16	59.4	17.5	
English	Pre-Test	16	36.7	14.5	10.7*
	Post-Test	16	57.6	14.5	

*Significant at 0.01 level.

Table no. 2 indicates that mean scores of students before and after intervention in Mathematics are 44.6 and 64.9 respectively for the SD values of 16.4 and 14.6. Similarly the mean scores of Science and Social Studies are 33.5, 55.9 and 38.1, 64.9 respectively before and after intervention. The mean scores of first and second languages are 38.4, 63.3 and 38.4, 59.4 respectively before and after intervention. In English the mean scores are 36.7 and 57.6 respectively before and after intervention. t-values indicate that the results are significant.

DISCUSSION

To appreciate the distribution of intelligences in a class room it may be helpful to administer a multiple intelligences survey to students. McKenzie (1999) developed an inventory of multiple intelligences. According to McKenzie (2009) it is not offered as definitive measurement of a static intelligence, but as a snapshot of how students currently perceive their strengths in intelligences. This survey was not used to label or categorize students. Mc Kenzie, (2009) says "our goal should be to provide instructional opportunities that promote all intelligences. According to Gardner Linguistic and Logical- Mathematical intelligences have been typically valued in schools (Smith, 2008). Musical, Body-Kinesthetic and Spatial intelligences are usually associated with the arts. Interpersonal and intrapersonal intelligences are called as personal intelligences.

Gardner (1997, 1999) states that in the area of intelligence, no two people have exactly the same intelligences, nor in the same combination and that understanding and valuing these uniqueness and differences and utilizing them for the benefit of society is of utmost importance. It is simply an opportunity for the investigator to appreciate the unique distribution of intelligences within each of students.

The table no: 1 indicates that the highest mean score was on 'Naturalist Intelligence'. This suggests that the students have strong interest in the activities like collecting specimens from nature, planting, doing experiments about nature. It indicates that they have much knowledge of the living world and able to use that knowledge productively.

According to the mean scores, students are strong in naturalist intelligence with a mean score of 8.63 this can be interpreted in two ways. Firstly majority of the students belong to low socio economic background. According to the data, 75% are BC, 12.5% are SC and 31% are illiterate families, and 50% of parents (fathers) private employees and 56% of families are in the income group of Rs. 5, 000- Rs. 10, 000 per month which gives them more chances to explore the physical world around them. Secondly, activities such as attribute grouping, sorting etc, which stimulates this intelligence when incorporated in the teaching-learning process investigator, found that students participated actively to learn a concept.

Ranked number two with a mean score of 7.94 are Bodily-Kinesthetic Intelligence and Interpersonal Intelligence. This shows that students have more interest in activities where they make use of their body or parts of it. These include dancing, sports, games and athletics. At this age (about 11-12 years) students seem to have in exhaustible physical energy to spend in sports, games, dance etc, physical activities. It is the intelligence which is stimulated by one's physical interactions with one's environment. It is promoted through fine and gross motor activities like manipulated materials, active games and science labs. A hand on learning environment enriches this intelligence.

Investigator found that students actively participated in the hands on learning environment which was created during the research programme.

Interpersonal intelligence is stimulated by interactions with others. It requires collaborations to make sense of learning. Because of the nature of this the students who are strong in interpersonal intelligence may be labeled as 'too talkative' or 'excessively social' in the traditional classrooms
Ranked number four (4) is logical mathematical intelligence. It is the intelligence which allows solving problems. It is not only the intelligence of mathematics, but of logic and reasoning. It seeks structure in the learning environment.

Ranked number five (5) is intrapersonal intelligence (mean score 7.38) which means that the students have the ability to gain access to understand their own inner feelings, dreams and ideas. The next intelligences which had the highest mean score was spatial intelligence and musical intelligence (Mean score 7.25). Spatial Intelligence promotes spatial reasoning through the use of graphs, charts, tables, maps, art, illustrations, puzzles, etc materials. It allows to picture ideas and solutions to problems in one's mind before trying to verbalize or put them into practice.

Musical Intelligence includes patterns, songs, poetry, instruments, environmental sounds and rhythms. By picking the patterns in various situations, one is able to make sense of environment and adopt successfully.

The next intelligence is linguistic intelligence (Mean score 6.38). It includes one's ability to express oneself orally and in written. It is ability to master a language including foreign languages.

It is worth noting in this finding that the intelligence got lowest score was linguistic intelligence with a mean score of 6.38. It appears that the students do not like activities which involve sensitivity to language. It may be because of English as medium of instruction other than their mother tongue (Telugu).

As per the results of the above table no. 3 the mean of the students after intervention is higher than the mean of the students before intervention for all the subjects. There is a significant difference in the performance of students' taught by using teaching-learning activities prepared according to the multiple intelligences theory. This is evident from the't' value, which is significant at 0.01 level.

Studies point out that when learning opportunities are combined in the curriculum by using 8 intelligences domains students scholastic achievement will be more (Gardner, 2006). Any system of learning needs to strengthen not one or two of intelligences but rather all types of intelligences in order to develop balanced learning skills. A student who uses a variety of intelligences to learn will be better equipped to deal with different learning challenges (Kapur, 2007).

LIMITATIONS OF THE STUDY

The present study is limited to 16, 6^{th} grade students of Hyderabad and Rangareddy districts of Telangana State only. In order to be able to make more meaningful generalizations about the intervention future studies should focus on more heterogeneous sample (urban, semi urban and rural) of larger size.

RECOMMENDATIONS

1. The cooperative learning strategy incorporating multiple intelligences theory helped to improve the scholastic performance of 6th grade students. Therefore awareness and training programmes may be conducted for teachers on using multiple intelligences theory in teaching – learning process and to design curriculum and pedagogy which incorporates multiple intelligences.
2. Awareness programmes may be conducted for parents at the time of parent-teacher meetings on using multiple intelligences theory in teaching-learning process.
3. Students may be made familiar with the multiple intelligences theory and ways to incorporate it in learning different subjects, so that they can benefit in their self learning process.

IMPLICATIONS

The findings of the present study have clear implications for all the stake holders of education i.e, teachers, parents, students and school managements. There is a need to place greater emphasis on child centered teaching learning activities, such as cooperative learning strategy incorporating multiple Intelligences to improve the scholastic performance of the students.

CONCLUSION

In short the present study suggested that each person's Multiple Intelligences profile is unique and if learning opportunities are combined in the curriculum by using Multiple Intelligences theory, students' scholastic achievement showed improvement.

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Conflict of Interests

The author declared no conflict of interests.

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Women's Education and Mother Child Relationship

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ABSTRACT

Girl education is emerging as one of the top priorities of Indian society "educating girls is not an option it is necessity", we all want to eliminate gender disparities in education. As woman is the central figure of family and she is the first and ideal teacher of children. All personality theorists point out the significant role of mother in child development. As child is the future of nation. The hope of all around development, peace and prosperity of the society, nation and even world was rest upon the tender shoulders of the child. But how far it is possible if mother is not educated? Numerous studies have highlighted the strong correlation between mother's education and child health or survival probability. Good parent-child relationship is essential for all around (physical, mental, social, emotional, psychological, educational or even spiritual) development of child, the future of nation. Educating girls brings many benefits to society. As educated mother gives importance to education and they invest more in their children's schooling and this improves society's development prospect. They give equal importance to education, health and increase the productivity of future generation. And if they are not educated then the productivity and capacity of future generation will be low. Keeping this fact in mind the researcher makes an effort to investigate the effect of mothers education on mother child relationship or significance of mother's education on development and up bring of their children. For the present study 40 educated mothers (EM) and 40 uneducated mothers (UM) aged 25 to 40 were taken from Srinagar Garhwal, Uttrakhand. The Parent Child Relationship Scale was developed by Dr H.C. Sharma & Dr N.S. Chauhan and Personal Data sheet were used for collecting data. The X2 was used for the statistical analysis of data. The above results manifests that educated mothers are significantly differ on six dimensions out of eight dimension of Parent Child Relationship Scale, from uneducated mothers. It projects that mother's education play very crucial role in proper all around development of children and healthy parent children relationship.

Keywords: *Multiple Intelligences, Scholastic Achievement, Cooperative Learning, Teaching Learning Activities*

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Women's Education and Mother Child Relationship

Women have much lower literacy rate than men. The number of literate women among the female population of India was 2-6% from the British Raj onwards to the formation of the republic of India in 1947. Concerned efforts led to improvement from 15.3% in 1961 to 28.5% in 1981. According to 2001 Indian government statistics hold the national literacy to be around 64.84%. Female literacy was at a national average of 53.63% whereas the male literacy was 75.26%. In 2005-2006 women's of village 450-467 per 1000 women's were literate. In cities 816 men & 702 women per 1000 in 2005-2006 compared 850-693 women out of 1000 in 2004-2005, the NASSO survey reports found. All India women's literacy percentage is 54.16% Bihar is the lowest State in women's literacy only 33.57% & Kerala is the highest 90% Government has taken many steps to eradicate the women's illiteracy from the country, but the results are not satisfactory. Though it is gradually rising, the female literacy rate in India is lower than the male literacy rate. According to Census of India 2011, literacy rate of females is 65.46% compared to males, which is 82.14%. Compared to boys, far fewer girls are enrolled in the schools, and many of them drop out. According to the National Sample Survey Data of 1997, only the states of Kerala and Mizoram have approached universal female literacy rates. From 2006-2010, the percent of females who completed at least a secondary education was almost half that of men, 26,6% compared to 50.4%. In the current generation of youth, the gap seems to be closing at the primary level and increasing in the secondary level. In rural Punjab, the gap between girls and boys in school enrolment increases dramatically with age as demonstrated in National Family Health Survey-3 where girls age 15-17 in Punjab are 10% more likely than boys to drop out of school.

President Dr. Radhakrishnan said in (1948) "There cannot be educated people without educated women" Primary education is very important for every woman that they can at least teach their own children. Women education in India has been a major pre occupation of both of the government as well as for civil society. Charlotte Bronte wrote that "Prejudices is well known or most difficult to eradicate from the heart whose soil has never been loosened or fertilized by education.

Girl education is emerging as one of the top priorities of Indian society "educating girls is not an option it is necessity", we all want to eliminate gender disparities in education. As woman is the central figure of family and she is the first and ideal teacher of children. All personality theorists point out the significant role of mother in child development. As child is the future of nation. Hope of all around development, peace and prosperity of the society / nation / even world rests upon the tender shoulders of children. But, how far is it possible if mother is not educated. Numerous studies have highlighted the strong correlation between mother's education and child health or survival probability. But none study has been concentrated on the relationship between mother's education and her pattern of up bring her children. Good parent-child relationship is essential for all around (physical, mental, social, emotional, psychological, educational or even spiritual) development of child, the future of nation. Educating girls brings many benefits to

society. As educated mother gives importance to education and they invest more in their children's schooling and this improves society's development prospect. They strongly believe and practice family planning. They give equal importance to education, health and increase the productivity of future generation. And if they are not educated then the productivity and capacity of future generation will be low. So by keeping these facts in mind the researcher makes an effort to investigate mother child relationship in concern of their education or significance of mother's education for upbringing of their children.

Sample:

40 Educated mothers (EM) and 40 uneducated mothers (UM) aged 25 to 40 were taken for the sample of present study. The sample was collected from Srinagar Garhwal, Uttrakhand. The socio-economic status of the sample is approximately same or middle class. The sampling method is purposive sampling.

Tools:

Parent Child Relationship Scale: This PCR Scale was developed by Dr H.C. Sharma and Dr N.S. Chauhan. The Scale through the 'Self Anchoring Technique' makes measurement possible on eleven points for eight dichotomous dimensions of the basic parent child relationship. The different dichotomous dimensions are-

(a) Rejection vs. Acceptance
(b) Carelessness vs. Overprotection
(c) Negligence vs. Over Indulgence
(d) Strong realism vs. Utopian expectation
(e) Lenient standard's vs. Severe moralist
(f) Total freedom vs. Severe discipline
(g) Marital conflict vs. marital adjustment
(h) Faculty role expectation vs. Realistic role expectation

Personal Data sheet: This sheet is used for knowing the age , education, socio-economic status, locality etc. of the subject

Procedure:

First of all the researcher approached the mother of the selected sample and established the rapport with them. The result of that rapport was that the parents co-operate the researcher in her mission. The PCR Scale was administered on both educated and uneducated mothers. After that the personal data sheet was filled up. The test was administered individually.

Data Analysis:

After organizing the data the researcher put it into the statistical treatment. The X^2 was used for the statistical analysis of data.

RESULT AND DISCUSSION

S. No.	Dimensions of PCR	No. of Mothers		X^2	P
		Educated	Uneducated		
1	Rejection VS Acceptance	16 24	18 22	.20	NS
2	Carelessness VS Over protection	8 32	10 30	.29	NS
3	Negligence VS Over Indulgence	8 32	23 17	11.85	.01
4	Strong realism VS Utopian expectation	7 33	22 18	4.88	.05
5	Lenient standards VS Severe Moralism	15 25	24 16	4.05	.05
6	Total Freedom VS Severe Discipline	4 36	20 20	15.24	.01
7	Marital Conflict VS Marital Adjustment	3 37	22 18	21.00	.01
8	Faulty Role Expectation VS Realistic role Expectation	2 38	23 17	25.66	.01

The result of the present table exhibits the X^2 - value of educated and uneducated mothers on eight different dimensions of Parent-Child Relationship (PCR) Scale.

1- The first dimension of PCR Scale is **'Rejection VS Acceptance'**. In this dimension the X^2 - value for educated and uneducated mothers is .20, which is statistically not significant (X^2 =.20, df-1, $p<0.05$) at any level of confidence. It revealed that both educated and uneducated mothers are more over equal in rejecting and accepting their child. It shows that mother's education does not effect on rejecting and accepting children.

2- On second dimension of PCR Scale- **'Carelessness VS Overprotection'**, the X^2 - value of educated and uneducated mothers is .29. It referred again not significant difference between both groups of mothers(X^2 =.29, df =1, $p< .005$). it means that both educated and uneducated mothers were almost same in protecting and shielding their children. Here again mother's education does not play an important role to protecting and caring children.

3- With regard to **' Negligence VS Over Indulgence'**, the third dimension of PCR Scale the obtained X^2 value for educated and uneducated mothers is 11.85, which is high and significant at 0.01 level (X^2 =11.85, df=1, p> 0.01). This difference shows that most of uneducated mothers neglect their children while the educated mothers are more cooperative, careful and resolve the problems of their children. It revealed that mothers' education is positively related to cooperating and attending their children.

4- In relation to fourth dimension – **'Strong Realism VS Utopian Expectation'** of PCR Scale the X^2 value is 4.88 for educated and uneducated mothers. This X^2 value is significant at 0.05 level of confidence (X^2 =4.88, df =1, p> 0.01). It implies that educated mother demands perfection and higher quality from their children than uneducated mothers. Here again education of mothers play a crucial role in developing perfection and quality in their children.

5- On **'Lenient Standards VS Severe Realism'** the fifth dimension of PCR Scale the value of X^2 is 4.05 for educated and uneducated mothers. This X^2 value is again significant at 0.05level (X^2 = 4.05, df =1, p>0.05). This projects that uneducated mothers have weak superego. They are excessive lenient towards their children and lesser restrictions for moral deviation than educated mothers. It proves that education of mothers is important for moral developing of their children.

6- In concern of the Sixth Dimension of PCR Scale **'Total Freedom VS Severe Discipline'**, the obtain X^2 value is 15.24 for educated and uneducated mothers which is very high and significant at 0.01 level of confidence, (X^2 = 15.24, df =1, p>0.01). It reveals that educated mothers are more disciplined and controlling than uneducated mothers.So education of mothers is also essential for discipline or good work habits of children..

7- In regard to **'Marital Conflict VS Marital Adjusted'**- The seventh dimension of PCR Scale, the X^2 value of educated and uneducated mothers is 21.00 this X^2 value is too much high and significant at 0.01 level of confidence (X^2 = 21.10, df=1, p>0.01). Hence we can say that educated mothers are much more martially adjusted, cooperative and have mutual understanding than uneducated mothers. It again revealed that education of mothers is very important factor for providing progressive and healthy family environment to children.

8- The last and eighth dimension of PCR Scale is **'Faculty Role Expectation VS Realistic Role of Expectation'**. Where the X^2 value for educated and uneducated mothers is 25.66 which is very much high and significant at 0.01 level (X^2 = 25.66, df =1, p>0.01). It again proves that educated mothers are more realistic and emotionally stable than uneducated mothers. Hence it is clear that mothers education is again very significant for natural and realistic development of children.

The above results manifests that educated mothers are significantly differ on six dimensions out of eight dimension of Parent Child Relationship Scale, from uneducated mothers. It projects that mother's education play very crucial role in proper all around development of children and healthy parent children relationship.

CONCLUSION

The study offered some important and interesting findings which justified the role of mothers' education in handling their children properly. Based upon the obtained result the following conclusions are drawn.

- The Educated mothers do not neglect their children and their behaviour is more attentive, cooperative and careful towards them than uneducated mothers
- Educated mothers expected more perfection and higher quality of work from their children than uneducated mothers. It means they encourage and take more interest in their children.
- Educated mothers wanted virtues, good behaviour and more moralism from their children than uneducated mothers. It reflects that educated mothers have strong superego, and they always practices and teaches human values and morality to their children.
- The educated mother demands more self discipline and effective work habits from their children than uneducated mothers. Discipline in a healthy limit is worth full for the children's future.
- The educated mothers are much better than uneducated mothers in marital adjustment and mutual understanding. It justifies that due to their education they deal respectively and effective with their spouse. This healthy family atmosphere paves the way for children all around development.
- The educated mothers are more realistic and emotionally stable than uneducated mothers. They desire which actually possible by their children. They never moved by imaginary sentiments so create positive conditions for progress of their child.

Some Psychological and Behavioural Suggestions for Improvement of Girl / Women Education

Women's education should be taken as a serious issue and steps should be taken to bring awareness about importance of education among every woman both in urban and rural area. This way many of the social problems like poverty, begging, child labour, child marriage and child mortality will be controlled up to some extent.

1. To increase public awareness for the value of girls/ women education. The women's movement and wide spread network of NGO's which have strong grassroots presence and deep insight into women's concern has contributed in inspiring initiatives for the Education of women. This can reduce the prejudice against women's education.
2. To strengthen the legal systems aimed at elimination of all forms of discrimination against women and girl child. Equal access to women to quality education at all levels, carrier and vocational guidance, health care safety and social security.
3. Negative parental attitude towards educating daughters can also be a barrier to a girl's education. In general parents view is to educate sons as an investment; on the other hand educating daughters is a waste of money because the girls are not expected to make economical contribution in the family. Promoting girls education therefore involves changing attitude across society. Merely spending money on girls' education will not

solve the problems. So it is the collective responsibility of the government, education departments, NGO's and villages' panchayats and local communities to create positive environment for girls.

4. Strongly motivated the girl child to build her esteem and help her to cope with her condition. This can be done by being with the child, starting conversation with her and by reinforcing her self confidence. This can succeed them in the education stream and to feel proud on themselves.
5. In our society mostly women feel that they are useless and worthless. It is necessary to overcome them from this mentality and help to move them from feeling of worthless to feeling of self worth. It epitomizes them towards education.
6. Girl children are only made for to take care of family and carry out household chores. This kind of thinking and violation of her rights shall be eliminated by undertaking measures both preventive and punitive within and outside the family.
7. It is well known fact that poverty is the whole sole biggest barrier to the access of women education. So school fee, school uniform, books, boarding and scholarship facilities are absolutely necessary.
8. Moreover the schools in rural area and near the slum area should have flexible timings. So that the families which deprive their daughter for going to school just because girls have to help their family in daily house chores feel comfortable sending them to school.
9. Lack of sanitation, in adequate school facilities and many other personal factors are responsible for girl's irregular attendance and discontinuance in school. So special attention should be given to the need of them, such as toilet facilities, sewage disposal, sanitation, safe drinking water etc.
10. Experience to date has shown that teaching method play an important role in participation and for sustaining motivation among women. So democratic, open and participatory processes of learning and provoke women for learning.
11. Make teaching learning more interesting and enjoyable. Research evidences shown that process of teaching is very critical in so far as women learners are concerned. Use of folk songs, stories, literacy game, puzzles creates the interesting atmosphere and breaks the monetary and repetitiveness of learning. It makes learning more enchanting and less daunting.
12. There is a need to raise gender issue in the pre planning phase of the total literacy campaign and to incorporate them in the planning and implementation phase.
13. It is well known that poverty is the whole sole biggest barrier to the occur of the women education to provide primary need of shelter, food, clothing and care to the marginalized girls women living in difficult circumstances without any social and economic support. This can create social climate to women education
14. Both Govt and non govt section should provide support to women on case to case basis i.e. for special education, clinical, legal and other supports.

15. Regular monitoring and evaluation of the progress made in improving the educational status of women is extremely the educational status of women is extremely important. So the further planning, implementation and conceptive action may be undertaken to bring out gender imbalances.
16. To identify the problems, need and priorities of women and girls in all areas of developing. Provide protection, counselling, rehabilitative and helpline services to them. It can raise awareness and ensure their participation in programme of girl child development and education.
17. As the forth pillar of the state, it is responsibility of media to promote social justice, equality, progress and happiness for all. It is the media which can portray the importance of women education and their dignity. Media networks should be involved at all levels to ensure equal access for women particularly in the area of education.
18. It is essential to conduct research on grass root level to understand actual position of girls/ women education. Where participatory research could critically analyze their existing conditions, while traditional quantitative research is useful to documenting and analyzing successful as well as failed programmes of the women education. So it will be beneficial for the improvement of further projects, politics and planning.
19. Above all else appropriate post literacy strategies for women need to be work out time to time. It can help to resisting the tendency to send women back to the kitchen.

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Conflict of Interests
The author declared no conflict of interests.

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A Comparative Study of Multiple Intelligences of Students with Respect to Grades

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ABSTRACT

The purpose of the paper is to study and compare the Multiple Intelligences of girls and boys studying in VII and IX grades. The nature of study was descriptive. Two stage sampling was used to select sample. The sample of the study constitutes 4577 students in which 2010 were from grade VII and 2567 students from grade IX. Analysis of Variance (ANOVA) was used to find the significant difference in the multiple Intelligences of students with respect to grades. The findings shows that there is a significant difference in the multiple Intelligences of grade VII and IX students. The mean scores indicate that IX grade students were found to be high on Bodily Kinesthetic, Interpersonal, Intrapersonal, Musical, Naturalistic and Existential Intelligence than VII grade students. The inter-correlation between different types of Intelligence was calculated with respect to grades. It was found that the coefficient of correlation between different types of Multiple Intelligences were high in case of grade VII students in comparison to grade IX students. Profile Analysis was used to derive an inference about the level of multiple intelligences of students with respect to grades. The findings showed that IX grade students i.e. girls and boys were found to be high on all types of Intelligences than VII grade students i.e. girls and boys. Suggestions and implication of the study were discussed.

Keywords: *Multiple Intelligences, Bodily kinesthetic Intelligence, Interpersonal Intelligence, Intrapersonal Intelligence, Musical Intelligence, Naturalistic Intelligence and Existential Intelligence.*

"**E**ducation would be so much more effective if its purpose were to ensure that by the time they leave school every boy and girl should know how much they don't know, and be imbued with a lifelong desire to know it."

-- Sir William Haley. (http://www.etni.rg.il/quotes/education.htm)

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Intelligence is a general cognitive problem-solving skill. It is a mental ability involved in reasoning, perceiving relationships, analogies and calculating. It helps individuals to face and solve the complicated problems and situations, in learning things and making adjustments with the environment.

The theory of multiple intelligences was proposed by Howard Gardner at Harvard University in 1983 to analyze and describe the concept of intelligence in a more comprehensive manner. According to him there are seven independent types of intelligences that grow and develop differently in different people, depending upon their hereditary characteristics or environmental experiences named as; bodily-kinesthetic, linguistics, logical- mathematics, visual-spatial, interpersonal, intrapersonal and musical as mentioned in ***Frames of Mind*** **(1983).** Later he added naturalist, spiritual and existential intelligence.
(http://www.infed.org/thinkers/gardner.htm).

Bodily-kinesthetic Intelligence: The word "kinesthetic" derives its meaning from another technical term called "Kinesthesia" which means a sense for any movement. Those who are Bodily-Kinesthetic intelligent are called 'Body smart.' They excel in activities that require the use of physical co-ordination, endurance and ability. These individuals might excel in athletics or dance or may gravitate towards careers that require more physical activity like that of actor, sports coach or Physical Education Teacher. They have good control over their body movement, manual dexterity, physical agility and balance, and eye-body coordination. Dancers, demonstrators, actors, athletes, divers, sports people, soldiers, fire fighters, PTI's, performance artistes, ergonomists, osteopaths, fisherman, drivers, craftsman, gardeners, chefs, acupuncturists, healers and adventurers exhibit bodily kinesthetic intelligence.
Interpersonal Intelligence: Those who are interpersonal regarded as 'People smart'. They have excellent people skills and are likely quite social. Interpersonal intelligence is the ability to understand and to have an effective working model of one. This type of intelligence is exhibited by therapists, HR professionals, mediators, leaders, counselors, politicians, educators, sales people, psychologists, teachers, doctors, organizers, advertising professionals, coach and mentors. People smart individuals can interpret moods from facial expressions, demonstrate feelings through body language, affect the feelings of others in a planned way, coach or counsel another person. They have good emotional intelligence. They may take care of human contact, communications, co-operations and team work.
Intrapersonal Intelligence: Intrapersonal individuals are 'self smart'. They are remarkably aware of their own feelings and beliefs and desires and use this information to make sound life decisions. They are self smart people and understand one's relationship to others and the world and one's own need for and reaction to change. It is somewhat related to Meta cognition in general and the ability to self monitor in particular. Self smart people are always engaged in decision making about one's own aims and decide options for development. They rely on self-

reflection and self discovery. They also reach the level of self actualization and possess emotional intelligence. They can perceive other peoples feeling, interpret their behaviour and communicate and understand the relationship between people and their situations.

Musical Intelligence: Musical – Rhythmic people are 'Music smart.' They demonstrate talents such as playing musical instruments and composing music and dance. They exhibit an awareness and sensitivity to rhythm and sound, appreciate and produce songs. Music smart individuals recognize the patterns of music; understand the relationship between sound and feeling. Music smart individuals may pursue careers as performing musicians, composers, conductors, dancers, song lyricists, rappers or music teachers, party-planners and voice coaches.

Naturalistic Intelligence: Naturalist people are 'Nature smart.' They notice and are interested in things in the natural world. They are particularly good at being aware of patterns and classification and they demonstrate an active interest in flora, fauna and natural phenomena. Gardner described, a naturalist is one who is able to recognize and classify objects. They enjoy learning the characteristics of the natural would and can identify and describe the plant and animal species around them. According to Gardner, hunters, farmers and gardeners would have high levels of naturalistic intelligence, as would artists, poets and social scientists who are also adapt at pattern recognition. The marketing professional who promotes the small differences between competing products is applying naturalistic intelligence. They show the ability to categorize objects according to salient similarities and differences among them, high level of logical reasoning, to notice seasonal changes and collage bugs, rocks or shells.

Existential Intelligence: It can be described as the ability to be sensitive to or have the capacity for conceptualizing or tackling deeper or larger question about human existence, such as the meaning of life, why are we born?, why do we die?, what is consciousness?, or how did we get here? It is the capacity to tackle deep questions about human existence, such as the meaning of life, why we die?, what is my role in the world? This intelligence seeks connections to real world and allows learner to see their place in the big picture and to observe their roles in the classroom, society and the world or the universe. Philosophers, Theorists, Religious Thinkers exhibit existential intelligence. They show the ability to appreciate the values of beauty, truth and goodness to understand the philosophy of life and to summarize and synthesize ideas.

Human learning depends on various factors which can be individual or environmental. The environmental factors like socio economic status (SES), cultural aspects, social norms, learning materials, syllabus and resources available are few to mention. It is the learning environment which influences the learning process. The schools are responsible for providing proper learning environment to students. Every school has its own climate which is perceived by the students. The schools follow a specific syllabus prescribed by respective boards of affiliations but the experiences provided by schools, resources made available to students are different. Therefore, the learning also differs in degree. For example if the school focuses on the physical development of students and organize sports and other physical activities in the school then the students may get ample opportunity to develop physical abilities and skills or Bodily kinesthetic

intelligence. The formal education system is very structured and divided in to grades. Each grade is characterized by specific curricular, co-curricular activities which are based on the developmental stage of the concerned age group.

Dara-Abrams B. (2002) studied the Application of Multi-Intelligent Adaptive Hypermedia to Online Learning. This study examined whether the cognitive Theory of Multiple Intelligences can be used to develop a user model supporting adaptation in an online learning environment. The result indicates that participants, particularly those with well-developed Bodily-Kinesthetic Intelligence, requested more interaction and online testing.

Kumbar R. (2006) conducted an experimental study on application of Howard Gardner's multiple intelligence theory for the effective use of library resources by K-2 students. This study provides a view point of applying Howard Gardner's theory of multiple intelligences namely; verbal, logical–mathematical, musical, body-kinesthetic, visual/spatial, interpersonal, intrapersonal and naturalist intelligence in evaluating a resource by a student. The research reveals that that multiple intelligence theory helps in developing skill to analyze a resource logically and use it effectively to increase the success level of the students.

Shaikh N. (2007) conducted a study on course preferences of the secondary school students on the basis of their type of intelligence. Findings suggest that a significant difference in the linguistic intelligence, bodily/kinesthetic and Naturalist intelligence of different school types was found. ICSE students had more linguistic intelligence than SSC and CBSE School. A significant difference observed in linguistic intelligence, bodily/kinesthetic, Musical, interpersonal and intrapersonal intelligences of secondary school students on the basis of gender.

Kaur G., Chkara S. (2008) assessed the multiple intelligences among young adolescents with respect to sex differences. Significant differences were observed in the mean scores of boys and girls for linguistics, logical, Musial and bodily kinesthetic intelligences. It was found that in case of linguistic and musical intelligence girls took slight lead whereas boys were ahead of girls in logical and bodily kinesthetic intelligence.

Ramzi, N.,Sushila, S. and Kamal, A.(2008) studied gender differences on self-Estimates of Multiple Intelligences: A Comparison Between Indian and Lebanese Youth. A sample of 648 Lebanese and 252 Indian students estimated their multiple intelligences based on Gardner's conceptualization. Males rated the body kinesthetic component higher than females while females estimated their verbal and intra-personal intelligence higher than males.

Gogebakan D. (2003) studied the students' multiple intelligences according to their preferences and how students' multiple intelligences differ in terms of grade level (first, third fifth and eighth) and gender. The results indicated that Students at the first grade level demonstrated

strong preference for linguistic intelligence and logical mathematical intelligence and the two intelligences followed were spatial intelligence, and bodily kinesthetic intelligence. The third grade students' most dominant intelligences were interpersonal, spatial, logical-mathematical, and linguistic intelligence. For the fifth grade students, interpersonal intelligence, bodily-kinesthetic intelligence, spatial intelligence, musical intelligence was more dominant.

Jones M. T. (2006) studied the impact of using different multiple intelligence activities on second grade spelling scores. The major conclusion drawn from the results of the study is that the multiple intelligence activities implemented in three second-grade classrooms, along with the traditional instruction from the classroom teacher, did not have a statistically significant impact on the spelling scores of the second grade students. These studies helped the researcher to locate the differences and similarities in the present study and the studies conducted.

Objective:

1. The objective of present piece of research was to to study the Multiple Intelligences of students studying in VII and XI grades.

Hypothesis:

i. There is no difference on Multiple Intelligences in VIIth and IXth grade students
ii. There is no correlation among dimensions of Multiple Intelligences.
iii. Multiple Intelligences of VIIth and IXth grade students are average.

METHODOLOGY

Procedure:

Data collection is essentially an important part of the research process. For the present study the data was collected from girls and boys studying in Grade VII and IX with English, Hindi, Marathi and Urdu as a medium of instruction from 43 schools situated in Greater Mumbai. Prior appointment and permission was taken from the principals of different schools. The researcher explained the purpose and procedure to the respondents to obtain their responses on the rating scale. Students were also permitted to ask any clarification and their difficulties. In the pilot study it was found that students took 45-50 minutes to complete the task. Therefore, for data collection no fixed time limit was given for completing the task.

The researcher has used the **two stage sampling**, as at first stage schools with different medium of instructions were selected. At the second stage students were selected. For the present study cluster sampling has been used for selecting the students. While selecting the students whichever divisions or sections of standard VII and IX were made available by the administration the data has been collected by all students present in the class.

Sample:

The sample of the study constitutes 4577 students, in which 2010 were from grade VII and 2567 from grade IX. In VIIth grade female and male were 925 and 1085 and in IXth grade 1204 and 1363 respectively.

Measures:

The scale contains 123 items and was self developed. It is a five point rating with anchors labeled (1=Not at all, 2=to some extent, 3=to moderate extent, 4=to a large extent and 5=to a very large extent). Minimum and maximum score for a dimension depends on the number of items in a dimension. The psychometric properties of the scale are shown in following paragraphs.

Operational Definitions:

Bodily-Kinesthetic Intelligence: It is the extent of the ability perceived by an individual to think in movements and to use the body to perform skilled and complicated tasks. They express ideas through gestures and enjoy activities associated with kinesthetic movements such as dance, games, making projects and wrapping of gifts.

Interpersonal Intelligence: It is the extent of the ability perceived by an individual to think about and understand another person with empathy and to appreciate their perspectives with sensitivity to their motives, moods and intentions. They interact effectively with one or more people among family, friends, or working relationships and siblings. They enjoy group activity, provide and seek guidance and take a leadership role.

Intrapersonal Intelligence: It is the extent of the ability perceived by an individual to think and understand one's self, to be aware of one's strengths and weaknesses and to plan effectively to achieve personal goals, to reflect on and monitor one's thoughts and reasoning and regulating effectively.

Musical Intelligence: It is the extent of the ability perceived by an individual to think and understand sounds, rhythms, melodies and rhymes. They are sensitive to pitch rhythm and tone, recognize, create and reproduce music by using an instrument or the voice. They appreciate and enjoy listening actively to music, songs and sounds.

Naturalistic Intelligence: It is the extent of the ability perceived by an individual to have sensitivity and understanding for the natural world including plants, animals. They interact effectively with nature and gain satisfaction through being with nature. They appreciate nature and collect detailed information about natural world.

Existential Intelligence: It is the extent of the ability perceived by an individual to be sensitive towards the fundamental questions related to the human existence and society. They believe in universal principles, respect people and listen to their conscience.

The internal consistency of the scale estimated using Cronbach's Alpha for each dimension and overall for the scale and are given in Table 1.

Table 1, Reliability of the Multiple Intelligences Scale

Coefficient	Multiple Intelligences Dimensions						Overall - MI
	Bodily kinesthetic	Interpersonal	Intrapersonal	Musical	Naturalistic	Existential	
Alpha	0.65	0.79	0.78	0.82	0.87	0.81	0.95

Content (Face and logical) validity of the multiple intelligences scale (English, Hindi, Marathi, Urdu) was authenticated by experts in the field of Education, Psychology, Psycho-Technical professionals of Indian Railways and even experts in Urdu, Hindi, Marathi and English languages (numbering about 13 experts).

There are various methods to establish construct validity of the tool. But majority of them are having limitations as role of time factor an existence of subjectivity in experts' ratings. To overcome these limitations, Factor analysis with Principle Component Analysis as extraction and varimax rotation was used to establish the construct validity of the tool. In all six factors emerged confirming six different dimensions of intelligences and the percent of variance (factorial/construct validity) explained by all factors was 94.10%. This confirms very high construct validity of the tool.

RESULTS AND DISCUSSION

The independent t-test was used to find out the difference in the mean scores of Multiple Intelligences of students of grade VII and IX and is shown in Table 2.

Table 2, Significant difference in the mean of Multiple Intelligences of Grade VII and IX students

Multiple Intelligences	Grade	N	Mean	SD	Effect Size	t-ratio	p
Bodily kinesthetic	VII	2010	42.51	9.031	.08	6.06	0.01
	IX	2567	43.93	9.474			
Interpersonal	VII	2010	90.18	19.880	.12	7.73	0.01
	IX	2567	94.86	20.500			
Intrapersonal	VII	2010	46.90	10.135	.04	4.04	0.01
	IX	2567	47.79	10.283			
Musical	VII	2010	68.58	17.630	.06	4.03	0.01
	IX	2567	70.67	18.317			
Naturalistic	VII	2010	89.58	20.018	.10	6.77	0.01
	IX	2567	93.71	19.716			
Existential	VII	2010	68.79	14.854	.09	6.80	0.01
	IX	2567	71.51	13.657			

t =2.58, p<0.01, t = 1.96 p<0.05

When the score of grade VII and IX were computed, the obtained t values were 6.06, 7.73, 4.04, 4.00, 6.76 and 6.8 for multiple intelligences as indicated in table 2. Since the calculated t - value 6.06 is greater than 2.58 in all the cases hence it is significant at 0.01 level. Effect size for the difference is .08, which is small and explains around 1% of the total variance. Thus the $H_0 1$ is rejected for all types of multiple intelligences, inferring that IX grade students were better on MIs comparing to VII grade students.

There is a significant difference in the **Bodily Kinesthetic** Intelligence of grade VII and IX students. The mean scores of Grade IX students are greater than grade VII students on the Bodily Kinesthetic Intelligence. It means that students of standard IX are higher on BKI. The reason could be that physically Grade IX students are mature and stronger than grade VII students. They are more energetic and enthusiastic to perform physical activities.

There is a significant difference in the **Interpersonal Intelligence** of Grade VII and IX students. The mean score of Grade IX students are greater than the Grade VII students on Inter personal Intelligence. It means that students of standard IX are higher on Interpersonal Intelligence. Effect size for the difference is .12, which is small and explains around 1% of the total variance. The reason could be that grade IX students are physically and intellectually more mature than grade VII students. They show elevated emotions at this phase and want to share their problems with friends freely. They interact with friends, appreciate their qualities and performance and seek guidance or advice from them. They show the need of approval and acceptance from friends, teachers and parents. The emotions of love and belongingness reach at peak.

There is a significant difference in the **Intrapersonal Intelligence** of Grade VII and IX students. The mean score of Grade IX students are greater than the Grade VII students on Intra personal Intelligence. It means that students of standard IX are higher on Intrapersonal Intelligence. Effect size for the difference is .04, which is small and explains around 1% of the total variance. The reason could be that along with physical development grade IX students show rapid development in Intellectual, Social and emotional areas too. At this stage logical reasoning, abstract thinking is developed. It makes them more analytical so they analyze and solve problems. They are criticized by their parents and teachers which enables them to analyze their behaviour and rectify their mistakes.

There is a significant difference in the **Musical Intelligence** of Grade VII and IX students. The mean score of Grade IX students are greater than the Grade VII students. It means that students of grade IX are higher on Musical Intelligence. Effect size for the difference is .06, which is small and explains around 1% of the total variance. The reason could be that Grade IX students are more sensitive to words various sounds and music. This is the age where adolescents are in the world of dreams and imagination. Most of the time they are indulge in day dreaming and like

to listen to music and songs. Songs and music provide an outlet to their moods and emotions. They like to express their true feeling of love and care through songs.

There is a significant difference in the **Naturalistic Intelligence** of Grade VII and IX students. The mean score of Grade IX students are greater than the Grade VII students on Naturalistic Intelligence. It means that students of grade IX are high on Naturalistic Intelligence. Effect size for the difference is .10, which is small and explains around 1% of the total variance. The reason could be that the Grade IX students are in the phase where they do hero worship and follow the footsteps of their ideal personality. They like to be the centre of attraction and attention and boast about their qualities. They want to be appreciated by others for risk taking, initiative and bravery therefore they like to do adventurous activities. They want to explore nature and therefore they are more interested in outdoor activities.

There is a significant difference in the **Existential Intelligence** of Grade VII and IX students. The mean score of Grade IX students found to be greater than the Grade VII students on Existential Intelligence. It means that the students of grade IX are high on Existential Intelligence. Effect size for the difference is .09, which is small and explains around 1% of the total variance. The reason could be that the Grade IX students are more inquisitive about the purpose of their existence. They ask questions regarding their existence as who are they? , what is the purpose of their existence? , what they can become in future? They develop abstract thinking which enables them to evaluate their weaknesses and strengths. They have self awareness which make them evaluate their actions.

The Pearson Product Movement correlation among dimensions of Multiple Intelligences with respect to grades shown in Table 3.

Table 3, Inter-correlation between different types of Intelligences with respect to Grades

Grade	Variable	X1	X2	X3	X4	X5	X6
IX	**X1**	1	.45**	.32**	.44**	.42**	.39**
	X2		1	.34**	.49**	.59**	.60**
	X3			1	.22**	.39**	.41**
	X4				1	.53**	.52**
	X5					1	.67**
	X6						1
VII	**X1**	1	.48**	.39**	.47**	.45**	.42**
	X2		1	.41**	.55**	.63**	.63**
	X3			1	.30**	.48**	.52**
	X4				1	.55**	.52**
	X5					1	.67**
	X6						1

r = .081 (p<0.01), r = .104 (p<0.001)

X1=Bodily – Kinesthetic, X2=Interpersonal, X3=Intrapersonal, X4=Musical, X5=Naturalist, X6=Existential

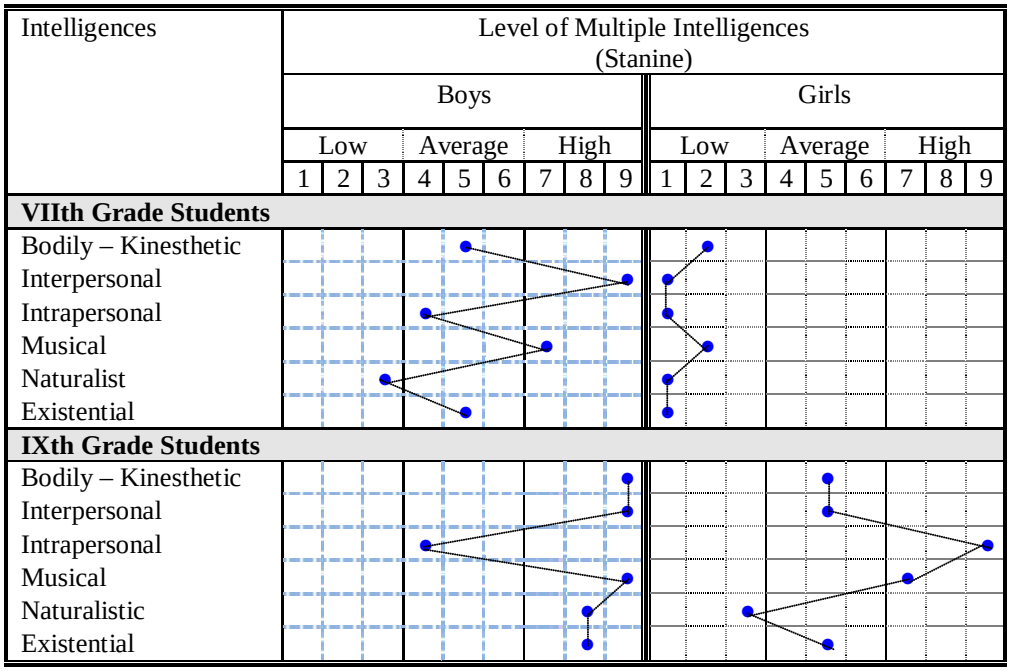
The table 3 shows the inter-correlation among the dimensions of Multiple Intelligence in reference to Grades of students. Inter-correlations among all dimensions of Multiple intelligences for both grades are positive and highly significant. While comparing the magnitude of coefficients between grades, it was found that all coefficients for VII Grade students are slightly higher than IX Grade. This may be because of the fact that VII grade students are younger and are physiologically, intellectually, emotionally and socially in the growing phase as compared to IX Grades.

There is a significant difference in the multiple intelligences of students of grade VII and IX. In a nut shell all the coefficient of correlation among dimensions of multiple intelligences are high in case of grade VII students in comparison to grade IX students. H02 is rejected as there is a significant correlation among dimensions for both grades.

PROFILE ANALYSIS

One of the most common ways of representing a series of scores on the same continuum is by means of a test score profile. Profile is an arrangement of test scores (expressed in comparable units of measure, such as standard scores, stanine scores, etc.), which indicates the relative multiple intelligences of students studying in VIIth and XIth class and shown in Table 4.

Table 4, Levels of Multiple Intelligences in VIIth and IX grade students' gender wise



Profile analysis technique was used to derive inferences about levels of multiple Intelligences of students with respect to grades. The table 4 indicates the levels of multiple intelligences in VII and IX grade boys and girls. VII grade boys found to be high on all types of intelligences as

compared to VII grade girls. Similarly IX grade boys were found to be higher on each level of multiple intelligences than IX grade girls. With respect to grades the boys of grade IX found to be high on multiple intelligences as compared to grade VII boys and girls of IX grade found to be high on all the types of intelligences than grade VII girls. On the whole IX grade boys were high on multiple intelligences followed by VII grade boys, IX grade girls and VII grade girls respectively. Only on intrapersonal intelligence VII grade boys were high and IX grade boys were average. IX grade girls found to be high on intrapersonal and musical intelligence, low on naturalistic intelligence and average on the remaining types of intelligences. VII grade girls were found to be low on all the types of intelligences. H03 partially rejected as multiple intelligences observed above average.

CONCLUSION

Thus it was concluded that there was a significant difference in the mean scores in VII and IX grade boys on multiple intelligences. The mean scores of grade IX was found to be high than grade VII boys and significant at 0.01 level. The Effect size for the difference was varying between .04 to .12, which is small and explains around 1% of the total variance. The hypotheses were rejected for all the types of intelligences with respect to grades.

The inter-correlation among the dimensions of Multiple Intelligences in reference to Grades of students shows that the Inter-correlations among all dimensions of Multiple Intelligences for both grades are positive and highly significant. While comparing the magnitude of coefficients between grades, it was found that all coefficients for VII Grade students are slightly higher than IX Grade. The hypotheses were rejected for all the types of intelligences with respect to grades.

Profile analysis indicates the levels of intelligences among VII and IX grade girls and boys. IX grade boys found to be high on multiple intelligences followed by VII grade boys, IX grade girls and VII grade girls respectively. The hypothesis was partially rejected for all the types of intelligences with respect to grades.

SUGGESTIONS AND CONSIDERATIONS FOR FUTURE RESEARCH

The following are the areas in which further studies can be conducted.

1. A study of the relationship between multiple intelligences, home environment and academic achievement of school students.
2. A comparative study of students' multiple intelligences in relation to their parental qualification and socio economic status.
3. A study of multiple intelligences, self concept and locus of control of exceptional students.
4. A study of the impact of parental aspiration and career preferences on the multiple intelligences of school students.
5. A study of multiple intelligences in relation to adjustment and learning of life skills of higher secondary students.

6. A study of students' multiple intelligences in relation to achievement motivation and parent-child relationship.
7. A comparative study of students' personality in relation to their multiple intelligences and school climate.
8. A comparative study of multiple intelligences in relation to need for achievement of students belonging to different streams.
9. A study of the impact of teachers' multiple intelligences on the personality and scholastic achievement of students.
10. A study of course preferences of the secondary schools students with reference to their multiple intelligences and medium of instructions.

IMPLICATION OF THE STUDY

11. The findings of the study hope to be useful to curriculum framers, school authorities, teachers, parents and counselors. The present study will be helpful for curriculum framers to incorporate content and activities to develop bodily kinesthetic intelligences of students. It will be helpful to introduce new or optional subjects catering to the intelligence of students. It will be helpful to reframe the syllabus in the context of Inclusive Education.
12. The school authorities can make arrangements for physical and human resources for nourishing the bodily kinesthetic intelligence of students. Schools can make various learning resources accessible and available to students. School authorities can organize workshops, training programmes and seminars for teachers to train them to cater to the specific intelligence of students. Schools can also organize seminars for parents so that they can think of child's ability guide accordingly.
13. Teachers can plan lessons by considering the different types of Intelligences of students. Innovative methods of teaching such as cooperative learning, research projects, visits, role play, concept attainment model, inquiry training model and brain storming can help the students to explore and nurture various intelligences. Teacher can help learners with special need by identifying their strengths and intelligences.
14. It will be helpful for the counselor to identify the levels of intelligence and provide guidance accordingly. Counselors can help the students in selecting courses in accordance with their interest and intelligences. They can provide vocational guidance in terms of various career opportunities available for them and to select the suitable career.
15. The study will be helpful for parents as they can provide cordial home environment to their children to develop their different types of intelligences. Parents can create opportunities for children to nurture different types of intelligences. Parents can make available various resources to children and encourage them to utilize these resources optimally. Parents can adopt sympathetic and positive attitude toward children as they will realize that a child cannot excel in all the areas. The positive and healthy suggestions of parents can be helpful for the child to progress in the right direction.

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Conflict of Interests
The author declared no conflict of interests.

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Effect of Health Locus of Control on Patients with Somatization Disorder

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ABSTRACT

Health locus of control characterizes a patient's tendency to regard health related events as controllable by them or by external forces. From all the past researches it becomes evident that health locus of control have a strong effect on the health behaviour and outcomes of health. Somatization disorder is one disorder in which the primary complaint is about health, and for effective treatment planning assessing relationship between health locus of control and severity of somatization disorder can be beneficial. ***Aim:*** The aim of the present study was to determine the health locus of control in patients diagnosed with somatization disorder as per ICD-10. ***Method:*** Sample consisted of100 participants from a private clinic in New Delhi. The data was collected using Multidimensional health locus of control scale and Patient Health Questionnaire .The results obtained were analysed using descriptive statistics and linear regression. ***Result:*** Findings suggest that health locus of control predict the severity of somatization. The strongest predictors of severity of somatization were found to be internal health locus control. ***Conclusion:*** Higher the internal locus of control lower the severity of somatization.

Keywords: *Somatization Disorder, Internal Health Locus Of Control, External Locus Of Control*

Health and illness can be caused by a multitude of factors (Engel 1980) such as biological (Virus), psychological (beliefs) and social (employment).Researches suggest that locus of control effect the patients' health behaviours and outcomes. Health locus of control is found to have a significant relationship with chronic physical and mental illnesses.

Health Locus of control is a widely accepted concept in the study of health behaviour which was defined by Wallston and Wallston (1982), as a patient's tendency to regard health related events as controllable by them or controllable by external forces.

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Internal Locus: The belief that an individual is in control of his/her health, and can take steps on a personal level to become healthy again.

External Locus: The belief that external forces are in control of a patient's health. This is further sub-divided in to chance external locus and powerful external locus of control. (Wallston 1982)
Chance external locus: Is the belief on chance. E.g." Often I feel sick no matter what I do."

Powerful others external locus: This refers to the belief in the control or authority that other powerful people have over ones health (such as doctors). (Banyard, 2002).

Somatization disorder is a disorder with one or more physical complaints (fatigue, gastrointestinal or urinary complaints) with no organic pathology or pathophysiological mechanisms to account for the complaints (Keller, 1990). The physical symptoms or social and occupational impairment are grossly in excess of what would be expected from physical findings (Khouzam & Field, 1999).It is a distinct clinical and epidemiological condition that lies in the borderland between clinical medicine and psychiatry (Mai, 2004). It can be recognised by Primary care and they may wish to refer them to other physicians because of the overwhelming feelings of dread that these patients evoke with their multiple medical complaints (Mai, 2004).Patients with somatization disorder usually present with numerous symptoms, such as headaches, back pain, persistent lack of sleep, stomach upset, and chronic tiredness, all without demonstrable medical causes. They have a persistent conviction of being ill, despite repeated negative results on laboratory tests, diagnostic tests, consultations with specialists, and recurrent hospitalizations (Mai, 2004) they continue to seek medical care, take several medications, and submit to needless diagnostic and surgical procedures even after reassurances (Mai, 2004).

Due to unexplained causes in today's time it overburdens the health care resources and thus poses a serious problem for the society, thus a need a holistic approach to manage the patients with somatization disorder is necessary to reduce the health care costs and effective management of somatization disorder .Though there is a preliminary evidence that psychotherapy and medication can effectively reduce symptoms and disability but more research is needed in understanding the etiological factors especially in terms of attribution for a relatively easier management of patients with somatization disorder.

From the review of literature it becomes evident that health locus of control have a strong effect on the health behaviour, which in turn has a strong effect on an individual's health. There is a meaningful relationship with health attitudes, behaviours and outcomes (Armitage, 2003).

Studies have investigated the relationship between health locus of control with physical or mental illnesses in terms of attitudes and health behaviours and few studies have looked on health locus of control in terms of severity of symptoms in physical and mental illnesses but

none with somatization disorder even though the prevalence rate is high.(Haslam et al., 2004).The investigations reveal that, Lefcourt (1976) reports people with an internal locus of control tend to suffer less from severe psychiatric disorders and reported well-being is generally higher among people with a strong internal locus of control.

According to Benson and Deeter (1992), there is also an evidence that people's expectations of self-control over their environment play a mediating role in their adaptation process and that individuals with internal locus of control are better adjusted than individuals with external locus of control.

Bandura (2005) reported that quality of health is determined by lifestyle and habits, which enable people to exert control over their health status. It is thus assumed that people who believes that they have control over their own health (i.e., internality) are more likely to engage in behaviours that are healthy, which in turn leads to better health outcomes.

Afifi (2007) study done in Alexandria Egypt on health locus of control and depressive symptoms among adolescents reported that the participants with low internal health locus of control and high chance external health locus of control were more likely to have depressive symptoms than others in bivariate and multivariate analysis.

Zawawi et al., (2009) studied Depressive Symptoms and their correlates with Locus of Control and Satisfaction which reported that there is no relationship between externality of locus of control (Powerful others) and depression, while externality of locus of control (Chance) was found to be significantly positively related to depression, and in line to previous studies a significant negative relationship was found between internality of locus of control and depression.

Grotz et al., (2009) studied Health locus of control and health behaviour where results from a nationally representative survey showed that High Chance health locus of control can be regarded as risk factor of adequate health behaviour.

Tobias K.van Dijk et al., (2013), in their study about Multidimensional Health Locus of control and depressive symptoms in the multi ethnic population of Netherlands reported a high score on external locus of control with increased depressive symptoms than low score on powerful others health locus of control score.

Overall it is indicated from above studies that individuals with an internal health locus of control are more responsible for their health, recovery and rehabilitation in contrast to individuals with an external health locus of control, and are more likely to undertake efforts in order to feel well and that internal locus of control is related to lower severity of symptoms.

METHOD

Aim of the study:

To determine the Health locus of control in patients diagnosed with having somatization disorder as per ICD-10

Objective:

- To determine the role of Health Locus of control on severity of somatization.

Hypothesis:

Health locus of control may predict severity of somatization disorder.

Design:

The research design used in the study is explorative in nature. It aims to explore the health locus of control in patients with somatization disorder. The study presented here is a nonexperimental study that evaluated the relationship between Health locus of control in somatization disorder.

Sample:

100 clients fulfilling the specified inclusion and exclusion criteria were taken up for the study after obtaining written informed consent. The sample was purposive taken from a private setup in New Delhi India.

Inclusion Criteria:

- Age Range:20-50years
- Clinical conditions, according to ICD-10(W.H.O, 1992).
- Somatization Disorder (presence of all the following):
  - At least 2 years of multiple and variable physical symptoms for which no adequate physical explanation has been found.
  - Persistent refusal to accept the advice or reassurance of several doctors that there is no physical explanation of the symptoms.
  - Some degree of impairment of social and occupational functioning attributable to the nature of the symptoms and resulting behaviour.
- Patients diagnosed with Somatization disorder as per ICD10 Criteria with or without Comorbidity.
- Gender: Both Male and Female
- Education: Class 12th or above
- On treatment for somatization disorder

Exclusion Criteria:

- Individuals with evidence of psychosis.
- Individuals with presence of any chronic physical disability.

- Individuals with evidence of organic disorder.
- Individuals with evidence of Mental Retardation.

Procedure:

The study was carried out in the following steps:

1. Clients between ages of 20 to 50 years diagnosed with somatization disorder were screened from the perfect mind clinic New Delhi.
2. Patients who met the inclusion criteria were included in the study after which the informed consent was obtained.
3. Sociodemographic details were elicited.
4. Multidimensional Health Locus of Control (Form A) was filled to assess health locus of control and PHQ15 was applied to see the severity of somatic symptoms.
6. Finally Analysis, the data were analysed using SPSS software version 21 and the results are presented in the appropriate section.

Tools used:

Consent Form To obtain consent from the participants.

Socio-Demographic Profile To record the relevant personal information of the participants. The socio-demographic details were collected using a structured questionnaire. The instrument was developed considering the requirements of the researcher.

Multidimensional Health Locus of Control scale (Wallston1978): The MHLOC has three subscales

- Internal factors (such as self-determination of a healthy lifestyle)
- Powerful others (such as one's doctor)
- Chance (which is very dangerous as lifestyle advice will be ignored - these people are very difficult to help).

The scale consists of 18 statements which measures the personal beliefs on the 6 point Likert scale.

Patient Health Questionnaire (PHQ15) *:*It measures the severity of somatic symptoms. A 15 item Somatic Symptom Severity Scale which measure somatic symptoms on three point scale. Score: Not bothered at all = 0Bothered a little = 1Bothered a lot = 2

- 0 – 4 = no somatization disorder
- 5 – 9 = mild somatization disorder
- 10 – 14 = moderate somatization disorder
- 15 + = severe somatization disorder

Validity of the tools:

Multidimensional Health Locus of Control: There is ample evidence in the literature that the MHLC scales validly assess health locus of control beliefs. (Kenneth A. Wallston 2014)

PHQ15: Evidence supports reliability and validity of the PHQ-15 as a measure of somatization syndromes in the general population.

All the measures, are used in various about of studies increasing the validity of all the tools to be used.

Permission to replicate and use both of the tools was obtained from the authors of the respective tools.

Statistical Analysis:

Data collected was analysed using appropriate descriptive statistics. Such as mean, standard deviation, and frequency to describe data. Simple linear regression was used to predict criterion variable i.e. severity of symptoms of somatization as measured by PHQ15 using the predictor variables naming health locus of control.

Ethical consideration:

Permission to use the questionnaires was taken from the authors prior to the study. Patients had the freedom to withdraw from the study at any point of time. Confidentiality of all information obtained was maintained.

RESULTS

Preliminary Analysis

Table 1: Demographic Details of patients: Characteristics of patients (N=100)

SOCIO-DEMOGRAPHIC DETAILS		Percentages (%)
GENDER	MALE	34
	FEMALE	36
RELIGION	HINDU	87
	MUSLIM	6
	SIKH	6
	CHRISTIAN	1
DOMICILE	DELHI NCR	64
	OUT OF DELHI	36
EDUCATION	INTERMEDIATE(12^{TH})	41
	GRADUATION	44
	POST GRADUATION	15
OCCUPATION	HOMEMAKER	51
	SERVICE	36
	BUSINESS	10
	STUDENT	3
MARITAL STATUS	UNMARRIED	28
	MARRIED	65
	WIDOW	4
	SEPRATED/DIVORCED	3
FAMILY TYPE	NUCLEAR	58
	JOINT	42

Table 2: Mean and Standard deviation of various parameters of Age, questionnaires administered

Measure	Mean (S.D)
Age	39.40 (8.50)
Internal locus of control	21.94 (7.86)
Chance locus of control	22.42 (8.22)
Powerful others locus of control	25.63 (7.75)
Severity of symptoms	13.12 (6.74)

Table 3: Simple linear regression predicting severity of somatization disorder from Health locus of control on somatization:

Variables	**F**		**p**
R^2	**B**		
(health locus of control)			
0.31	14.96*		
Internal		-0.46	0.01
Chance		0.09	0.25
Powerful Others		0.13	0.15

(=p<0.01)*

A simple Linear Regression with enter method was conducted to predict the severity of somatization from health locus of control .Findings suggest that Health locus of control significantly predicts severity of somatization (31% of severity of somatization can be explained by health locus of control).

Further among the various parameters of health locus of control, internal locus of control was a significant predictor of severity of somatization disorder. I.e. with each 1 unit increase in the score of internal locus of control leads to .46 decrease in severity of somatization.

DISCUSSION

The aim of the present study was to determine the role of health locus of control in patients of somatization disorder. It is suggested that a person's health can be effected by biological, psychological and social factors (Engel, 1980), and therefore, for the complete recovery of a patient, understanding and the management of psychological factors such as health locus of control is very important (Ogden, 2004).Evidence suggests that health locus of control predict the health related psychological outcomes (such as quality of life, severity of symptoms, treatment compliance etc.) in physical and mental illnesses (Leventhal, 1980).

In the current study, the sample consisted of 100 patients who were diagnosed with somatization disorder. Among the patients: 87% were from Hindu religion, 64% were resident of Delhi/NCR, 44% – graduates, 51% – homemaker, 65% were married and 58% were from nuclear type family set-up. The mean age of participants was 39.40 ± 8.50 and their age ranged from 20 to 50 years.

Our hypothesis is that health locus of control may predict severity of somatization disorder. We used simple linear regression with enter method which suggested that health locus of control significantly predicts severity of somatization disorder. As per the analysis, 31% of severity of somatization disorder can be predicted by health locus of control. This means that the extent to which individuals attribute their health to their own actions or environmental circumstances predicts the severity of somatization disorder.

These results are in line with previous findings in the field of chronic physical and mental illnesses, where the health locus of control has a close association with different physical and mental illnesses (Arshan et al., 2009; Coyne et al., 2011; Field &Kurger 2008; Nabors et al., 2010).

A Study by Armitage (2003), suggests that health locus of control has meaningful relations with health attitudes, behaviors, coping styles, and outcomes gives support to our findings that health locus of control predicts the severity of somatization disorder.

Further, among all the three parameters of health locus of control assessed in this study (Internal, Chance and Powerful Others), the internal locus of control was a significant predictor of severity of somatization disorder. Which means that an increase in the internal locus of control results in a reduction in the severity of somatization.

Lefcourt (1976) reported that people with an internal locus of control tend to suffer less from severe psychiatric disorders, and that the well-being was generally higher among people with a strong internal locus of control. The individuals who have an internal locus of control have better mental health in comparison to individuals with an external locus of control (Mahnaz, 2014).

The results of present study can be explained by the assumption by Bandura (2005), that patients who believe that they can control their health are more likely to engage in healthy behaviour, which will lead to better physical and psychological health outcomes (such as severity of symptoms).

Results of present study can also, be explained by assumption of Rotter's (1966), where he reported that the severity of symptoms in people with an internal locus of control is much lesser as such people have a strong belief that they can control their own destiny and thus are likely to be more aware of environmental factors that may influence future behaviour, take steps to

improve environmental conditions, place greater value on skill or achievement reinforcement, are resistive to conformity, and display other subtle attempts that influence their health related behaviour (Rotter, 1966).

Other explanations for the results of present study could be that people with high internal locus of control take an active responsibility for their own health, and are thus more likely to engage in health promoting behaviour, in contrast to those who believe on chance and tend to engage less in health protective, and more in health damaging behaviours (Wallston, 1992).

CONCLUSION

In conclusion, health locus of control plays a significant role in Somatization Disorder. Health locus of control found to predict the severity of somatization by 31%.

Different health locus of control affect severity of symptoms of somatization differently. Where the strongest predictors was internal health locus of control. An inverse relationship between internal locus of control and severity of somatization disorder was seen, which means that higher the internal locus of control of a patient, lower the severity of somatization.

Results found in present study are clinically valuable for therapeutic intervention. Modification in a person's health locus of control might help a person in the recovery and outcome (severity of somatization).

LIMITATIONS

The present study has some limitations:

- The data has been collected from only one centre, thus the results could not be generalised.
- No distinction was made on the basis of duration of illness. The duration range was from 2 to 18 years of illness.
- No distinction on the basis of pre and post treatment was made, which could have affected the results.
- Qualitative analysis, apart from the information from questionnaire, could not be elicited due to time constraint.
- There are possible demographic predictors that were not included in this study, and thus, prevent discovering some important data. This supports further analyses and replication with these kinds of predictors.
- Despite these limitations, the present study has successfully provided some useful information for planning and designing effective counselling interventions.

IMPLICATIONS

Finding the locus of control might help in intervention planning for Somatization Disorder.

FUTURE DIRECTIONS

Future studies, there is a necessity to conduct more researches in this area to cross validate the role of health locus of control in other psychiatric disorders.

It would be helpful to conduct more such researches with different methodologies, a comparative study would be beneficial in extracting the distinct health locus of control in patients with somatization disorder.

Also, pre and post treatment group of patients could be studied to investigate the difference between their beliefs, and can thus provide further insight into this topic.

Further, analysis with demographic predictors would be helpful in discovering evidences for prevalence of somatization disorder.

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Conflict of Interests
The author declared no conflict of interests.

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Orienting Task Performance between Young and Older Adults

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ABSTRACT

Ageing causes deterioration in wide spectrum of visual, cognitive, and attentional functions. The attentional functions comprise of selection of an object and orientation toward its location. The visuospatial orientation toward a target is driven by cues which can be informative or uninformative. Studies showed that older adults were more sensitive to cue information than young adults (Bryan & Luszcz, 2000; Langley, Friesen, Saville & Ciernia, 2011) however; few studies reported that orienting of attention remains intact with ageing (Hartley, 1993). Present study examined the differences in the orienting task performance of 10 young (Age 18-35 years) and 10 older adults (Age 55-65 years), using Posner's cuing paradigm. Reaction time and accuracy performance of the participants were recorded. Results revealed significant main effect of age for the reaction time measures and response accuracy where more orienting effect was observed among young adults in comparison to older adults.

Keywords: *Ageing, Orienting*

Ageing is linked with impairment of attention (McDowd & Shaw, 2000). The age-related attentional deficit is thought to be linked with the changes in the functioning of nervous systems that help in attentional processes. Attention plays a crucial role in theories of cognitive ageing (Hasher, Stoltzfus, Zacks, & Rypma, 1991) and that attentional functions have a great impact on quality of life and daily functioning of older population, especially people with dementia and Alzheimer's disease. However, it is still not clear whether this represents an overall attentional deficit or it is linked with a particular attentional network. The deficits in attentional abilities in older adults comprise of selection of attention and orientation toward location whether it is

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information or uninformative cues orienting. Orienting is the process of selecting information from sensory inputs. It is one of the largely distinct attentional control systems, which can be controlled primarily through exogenous or endogenous means (Posner, 1980).

Posner and Petersen proposed that sources of attention could be further divided down into three networks (Posner & Petersen, 1990) which carry out the functions of alerting, orienting, and executive control. The standard paradigm for studying orienting is the Posner's spatial cueing task (Posner, 1980). The attention network test (ANT) provides a measure of the efficiency of the alerting, orienting, and executive control networks (Fan, McCandliss, Sommer, Raz, & Posner, 2002).This test is a combination of the spatial cueing task (Posner, 1980) and the flanker task developed by Eriksen and Eriksen (1974).

Several studies have used ANT to understand the functioning of attentional networks in a wide range of populations, but relatively mixed data have been reported with respect to age differences in three attention networks. The ANT utilizes differences in reaction times (RT) derived from the different experimental conditions to measure the alerting, orienting, and executive control networks (Fan, McCandliss, Sommer, Raz, & Posner., 2002).Orienting task have been used in various paradigm to explore different spatial attention.

Orienting and ageing

Previous studies demonstrated that the process of orienting as unaffected in the older participants and suggested that older adults benefit as much as younger adults from physical or symbolic cues that direct attention to the likely location or identity the upcoming target information (Greenwood & Parasuraman, 1994; Kramer & Strayer, 2001). Studies using a central cue (e.g., Hartley, 1993; Hartley, Kieley, & Slabach, 1990) found that orienting of attention remained intact with ageing, whereas Fernandez-Duque and Black (2006) found no age difference in orienting function. However, some researchers using the ANT found contradictory findings and they suggested that there was a significantly greater alerting effect in older adults with no difference in the orienting and executive networks (Fernandez-Duque & Black, 2006, Festa-Martino, Ott, & Heindel, 2004). On the other hand, some studies revealed larger cueing effects in case of older adults (Nissen & Corkin, 1985; Singh, Greenwood & Parasuraman, 2006; Waszak, Li, & Hommel, 2010), whereas other studies reported similar cueing effects for both young and older adults (Hartley, Kieley, &Slabach, 1990; Tales, Muir, Bayer, &Snowden, 2002).

In regard to the effect of ageing on orienting network, Jennings, Dagenbach, Engle, and Funke (2007) reported that elderly participants showed same orienting performance as young participants. Although studies reported no age differences with respect to orienting and executive effects (Jennings, Dagenbach, Engle, & Funke, 2007), contrary some studies reported that older adults demonstrated significantly less alerting than young adults (Jennings , Dagenbach, Engle, & Funke (2007). Although findings for age-related differences in orienting attention was quite

inconsistent, it was reported that visuospatial attention is relatively unaffected by normal adult ageing at least up to about 75 years of age. A study showed that when demands on perception was low, as in simple detection tasks, clear effects of cue validity was seen, although there was a little effect of ageing on costs and benefits of location cueing (Greenwood, Parsuraman & Haxby, 1993). In contrast, when demands on perception was increased by the requirement to discriminate, the effect of ageing on location cueing emerged under certain conditions of stimulus onset asynchrony (SOA) and cue type (Folk & Hoyer, 1992; Greenwood & Parsuraman, 1994).

In view of the above, the present study examined differences in orienting task performance of young adults and older adults by using a spatial cueing attention network paradigm. More specifically, the study examined the effect of age on orienting attentional networks using reaction time and response accuracy for congruent and incongruent stimuli. Thus, by examining reaction time and response accuracy on a range of trials on spatial cuing task, it was hypothesized that younger participants would perform better on an orienting task than older adults. As competing hypotheses exist in the literature which explains age difference in orienting task, it was also hypothesized that there would be significant difference in reaction time and response accuracy of young adults and older adults on attention network task due to age, cue conditions and congruency. Further, it was hypothesized that the reaction time for incongruent trial would be greater in comparison to congruent trial in both young adults and older adults.

METHOD

Participants

The sample comprised of 10 young adults (Age range 18-35 years; Mean age= 23.5 years) and 10 older adults (Age range 55-65 years, Mean age= 59.63 years). All the participants had normal or corrected to normal visual acuity of 6/6 based on performance on a Snellen acuity chart.

Design

2 (Age group: Young and Old) x 2(Cue: Central and Spatial) x 2 (Target condition: Congruent and incongruent) mixed factorial design was used. There were 24 practice trials in 1 block and 96 experimental trials each in 3 blocks, thus making a total of 288 trials.

Apparatus and materials

The experiment was conducted on a 14-inch LCD computer screen using the INQUISIT Millisecond software package (Inquisit 4.0.9.0, 2013) which comprise of a set of arrows on the screen consisting of two types of trials (i.e., congruent and incongruent*)*. The Attention Network Test (ANT) is a tool used to assess the efficiency of the 3 attention networks (i.e., alerting, orienting, and executive control). It uses four cue conditions (no cue, central cue, double cue, spatial cue) and two target conditions (congruent and incongruent). The experiment started with

24 practice trial in 1 block (with feedback) and 96 experimental trials each in 3 blocks thus making a total of 288 trials (without feedback).

Experimental task

The ANT consists of five arrows which appear above the fixation point, but the participants have to respond to the central arrow. Participants' task was to identify the direction of the central arrow by pressing a key with the index finger of the left hand on 'E' for the 'left' direction and a key with the index finger of the 'right' hand on 'I' for the right direction. Participants were instructed to make their response to the direction of the central target as quickly and accurately as possible. They were given some practice before actual trial. There were 24 Practice trials of 1 block and 3 blocks of 96 experimental trials consisting of all possible combinations of stimuli. Participants were instructed to aim for an average RT of less than 1 sec and to maintain accuracy above 80% correct. They were given feedback on their accuracy and average RT.

The two cue conditions were as follows: (i) a central cue, which was at the central fixation point, and (ii) a spatial cue, in which the cue was presented on the target location (above or below the central fixation point).Each trial consisted of five events. First, there was a fixation period of duration (400-1600 msec). Then, a cue was presented for 100 msec. There was a short fixation period for 400 msec after the cue and then the target arrows appeared simultaneously. The target arrows were on the screen until the participant responded, but for no longer than 1700 msec. After this interval the next trial began. Each trial lasted for 4000 msec. The distance between participant and screen was 65 cm. The distance between target and fixation cross was 1.06^{o} visual angle while flankers/target ratio was 0.06^{o} visual angle (area covered by all: 3.08^{o} visual angle).

In present study, the orienting component has been introduced by adding spatial cue and central cue in a trial. A spatial cue followed by row of five stimuli was presented in one of two locations either above or below the fixation and these trials were compared with the stimuli which was presented at the central fixation point. Participants were required to shift attention from the fixation point to the target stimulus on each trial in order to determine the proper response. The cue conditions, target conditions and experimental processes are displayed in Figure 1.

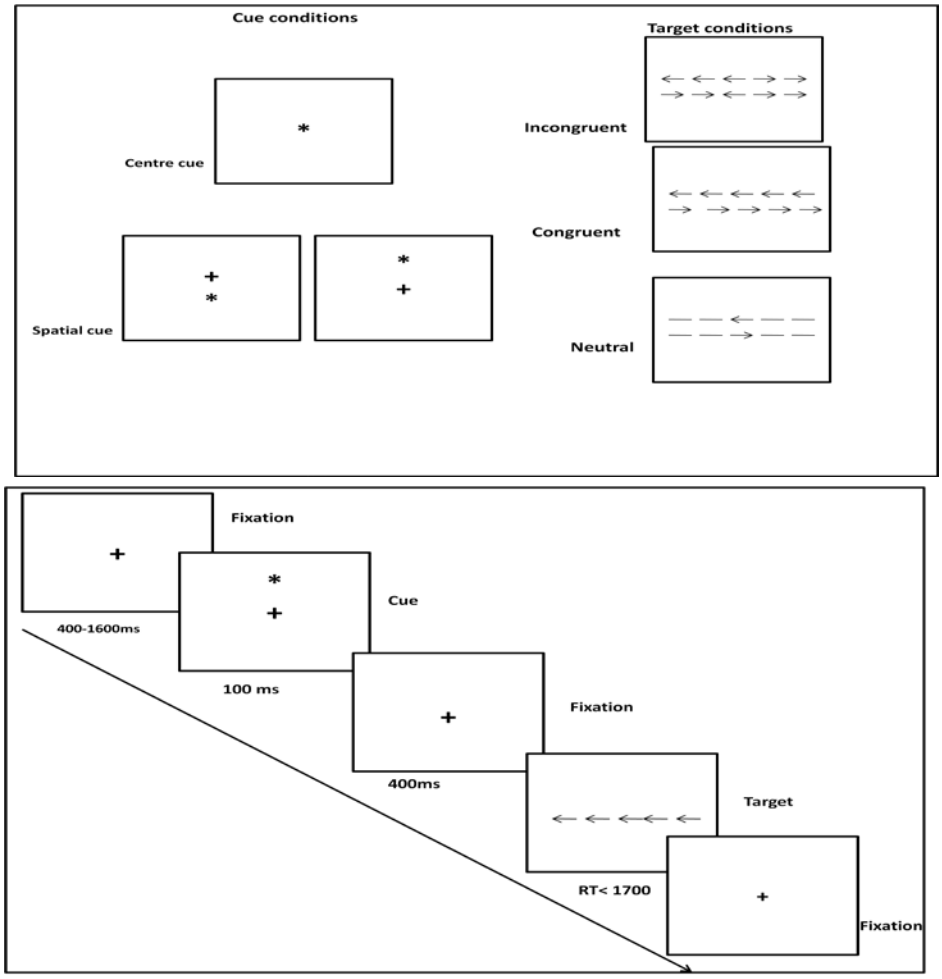

Figure 1. Stimuli, cue condition and target condition along with experimental process.

Procedure

Stimuli were presented on a 14-inch LCD computer screen (Lenovo G580). The instructions to the participants emphasized the importance of quick and accurate responding. They were instructed to focus on a centrally located cross throughout the task, and to respond as quickly and accurately as possible when the stimuli appeared. Subjects were encouraged to respond to the cue, as target was presented in the area indicated by the cue.

Before the experimental session, all participants received a brief practice session and three different tasks in experimental session. Snellen visual acuity test was performed on each participant. Before the beginning of each run, instructions were given orally using a paperboard illustrating target and response condition and participants were reminded to respond as quickly and as accurately as possible. Throughout the experimental session, participants were asked to respond to the stimuli by pressing a separate response key with the left or right index finger. The experimenter was present only at the beginning of each session in the testing room to start the experiment and to answer participants' questions regarding the instructions. In the practice trials

of the task, feedback following errors was given visually. The complete session was lasted about an hour.

RESULTS

To examine the group differences in performance on attention network task mean RT were calculated for each cue conditions and congruency type. For examining differences in orientation of attention among young and older adults scores of central cue and spatial cue were used. Mean and *SD*s of the reaction time and accuracy measures of young and older adults were presented in Table 1.Mean RT scores clearly indicated that young adults performed better than older adults irrespective of cue location. Furthermore, younger adults were also outperformed the older adults on the accuracy measure (see Table 1).

Table 1, Mean Reaction time and accuracy scores and SDs in parenthesis of young and older adults.

	Young adults	**Older adults**	**Total**	**ANOVA**	
	Mean (SD)	**Mean (SD)**	**Mean (SD)**	**F(1,18)**	***P***
Age groups				18.868	0.023
Age	23.5	59.63			
Cue conditions				45.63	0.042
Central Cue	423.30 (81.39)	599.54 (108.5)	511.42 (129.99)		
Spatial Cue	425.18 (80.27)	613.52 (105.03)	519.35 (132.71)		
Congruency				16.28	0.013
Congruent	434.48 (78.85)	619.86 (97.80)	527.17 (128.53)		
Incongruent	465.62 (101.18)	643.76 (97.81)	554.69 (133.16)		
Accuracy	98.60 (1.16)	85.85 (5.66)	92.23 (7.65)	48.614	0.027

Results of within subjects analysis of variance for the group differences in orienting performance was found statistically significant, $F(1,18)= 18.868$, $p= 0.023$)showing better performance for younger adults ($M = 423.30$, $SD = 81.39$) in comparison to their counterpart($M = 599.54$, $SD = 108.59$).Similarly, the effect of cue type on orienting performance was also found to be significant, $F(1,18)= 45.63$, $p = 0.042$) as orienting performance was found better under central cue condition ($M = 511.42$, $SD = 129.99$) than under spatial cue condition ($M = 519.35$, $SD = 132.71$). Moreover, main effect of congruency was also found to be significant, $F(1,18) = 16.28$, $p=0.013$) which showed that irrespective of ageing group participants were performed better on

congruent trials(M = 527.17, SD = 128.53) in comparison to incongruent trials(M = 554.96, SD = 133.16).

Two-way interaction of cue x congruency was found to be significant, $F(1,18) = 16.28$, $p = 0.013$). It means that older adults were not differentially affected by cue type and congruency-in congruency trial as compared to young adults. However, two-way interactions of age x cue type, $F(1,18) = 1.20$, $p = 0.76$), as well as age x congruency $F(1, 18) = 3.96$, $p = 0.62$) were miss the level of significance marginally. Additionally, three-way interaction of age x cue x congruency was also miss the level of significance marginally, $F(1,18) = 1.136$, p = 0.71). This shows that cue conditions could not influence orienting task performance differently in young and older adults irrespective of changes in congruency level.

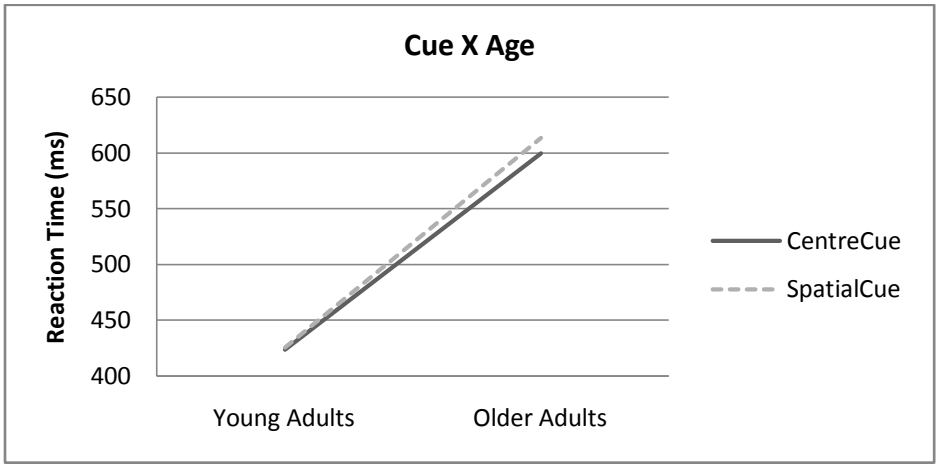

Figure 3(a): Reaction time as a function of age and cue.

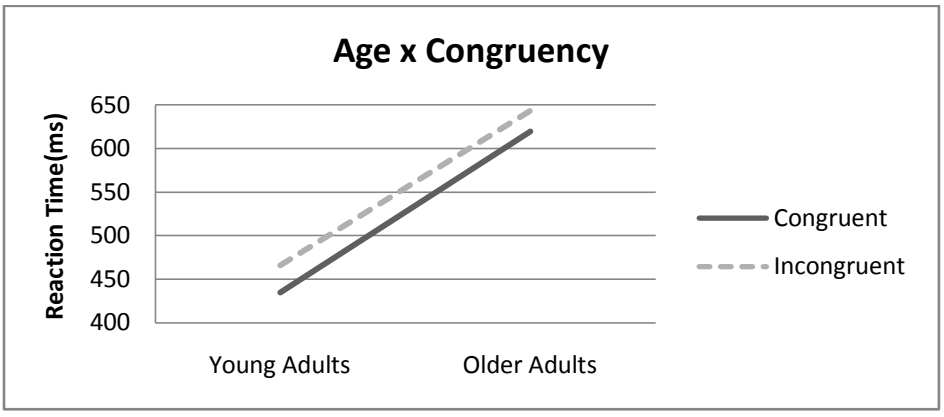

Figure 3(b): Reaction time as a function of age and congruency

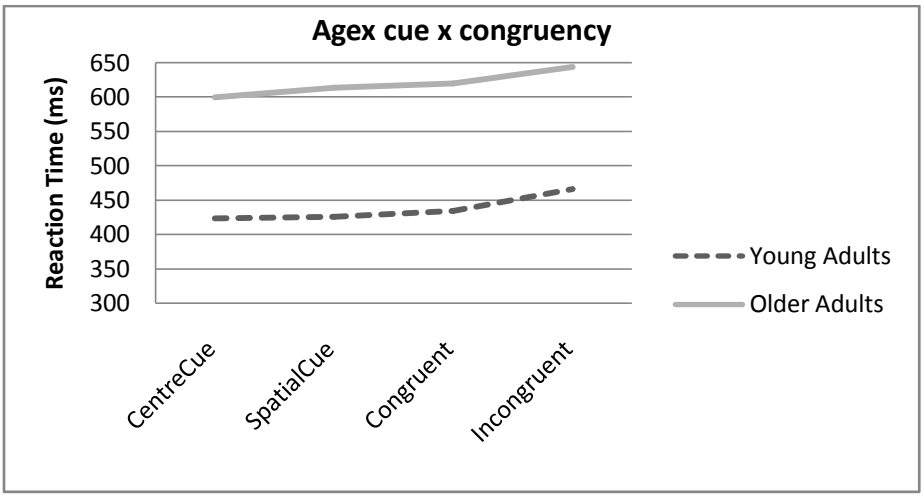

Figure 3(c): Reaction time as a function of age, cue and congruency.

Further, mean scores of accuracy performance on ANT showed that young adults have performed more accurately (M = 98.60, SD = 1.16) than older adults (M = 85.85, SD = 5.66). Main effect of age group on accuracy measure was found significant, $F(1,18)= 48.614$, $p=0.027$). It shows a broader advantage for detection of target for young adults, whereas benefit for older adults may be more narrowly restricted to only certain categories of cue conditions i.e. central cue conditions (M= 599.54, SD = 108.59) with respect to spatial cue conditions (M=613.52, SD = 105.03).

DISCUSSION

The aim of the present study was to investigate whether and how ageing differentially affects orienting performance. Using a spatial cueing paradigm, orienting performance of young and older adults was compared in relation to performance on two cue conditions (central vs. spatial), as indicators of orienting effect. It was assumed that performance of young adults would be better as a function of orienting effect than their counterpart.

Findings of the present study revealed significant difference between orienting performance of young and the older adults where young adults outperforming older adults on the spatial cueing paradigm. This clearly indicates that orientation in spatial cueing tasks is particularly vulnerable to age-associated changes. Findings of the present study are inconsonance with previous studies (e.g., Bryan & Luszcz, 2000) where older adults were slower than the young adults i.e. older adults took more time to respond which may be due to the age related general slowing in cognitive task thus, confirming the hypothesis of this study regarding orienting task performance difference between young and older adults. Compelling neurological evidence indicates that arrow-triggered orienting have primarily assessed orienting to informative targets (cued) and found orienting to be largely intact with age (Tellinghuisen, Zimba, &Robin, 1996; Madden,Whiting, Cabeza, & Huettel, 2004).

Results of the present study regarding observed differences between spatial and central cue conditions and congruency level in young and older adults, is consistent with the second hypothesis that there would be significant difference in reaction time and accuracy of young adults and older adults on attention network task due to age, cue conditions and congruency as a factor and the reaction time for incongruent trial would be more in comparison to congruent trial in young adults and older adults. However, non-significant three-way interaction of age x cue x congruency level clearly indicate that cue conditions could not influence spatial cueing task performance differently in young and older adults irrespective of level of congruency. Previous studies (e.g., Greenwood, 2000) have also support the current finding showing no influence on the orienting network due to age and congruency.

Although findings show significant main effect of age group and non-significant three-way interaction, previous studies have reported that the older adults show numerically greater orienting effects. Present study focused on spatial and central cue orienting endogenously, however, in previous studies trials were different on aspects such as task differences (identification and detection), type of endogenous cue (central arrow and informative peripheral stimulus), age group (young adults, older adults), group (diseased group, healthy group) and SOA (50–3000 ms). However, in the present study the non-significance age differences in orienting could be due to selection of longer SOA levels and healthy elderly group exhibiting intact performance on all cognitive domains. Moreover, in the present study age seems to have a clear effect on orienting on the spatial cueing task, given that this reliance also occurs in young adults. Thus, present findings are more consistent with the idea that this phenomenon is mainly determined by task demand and individual limits than by ageing only.

In summary, findings of the present study clearly indicate age differences in orienting performance of young and older adults and that the older adults were more influenced by the cue type. Interaction effect for the reaction time data reveals that there was no difference in orienting effect between older and younger adults on congruency of trials. Also older adults were more influenced by cue type of trials as compared to young adults in terms of performance accuracy on ANT. The present results indicate qualitative difference on orienting performances in young and old adults. Performance of both young and old adults is similar when detection accuracy is considered in a spatial cued task but young adults are faster in making the responses. Further, present findings clearly indicate that there is an independent effect of age and cue type on reaction time i.e., age influences the performance on spatial cueing paradigm but when the combined effect of age and cue type were taken into consideration than the result showed no influence of cue type on RT measure whether the person belongs to young adult or older adult. Finally, the present results showed that although cues provide advance knowledge about the location of the target thereby reducing spatial uncertainty and improving target detection during cueing task, but the orientation towards the cue in space do affect the performance and changes with age by increasing the reaction time.

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Conflict of Interests
The author declared no conflict of interests.

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Behavior Modification to Improve Self Confidence of Disabled Student's

Dr. Ravindra M. Ghoti[1]*

ABSTRACT

The present study has been conducted to investigate the Behavior Modification to improve Self confidence of Disabled Student's in Indian context. Study includes the Disabled School Student's in Aurangabad respectively whom were in the age of 15 to 20 years. To assess the Confidence of the subject the Self Confidence Inventory. Proposed Statistical Procedure is Descriptive statistics i.e. Mean, S.D, will be computed and 't' test. Conclusion in this study On the basis of data and discussion of results, the hypotheses were tested and verified. Self confidence of Disabled Student's can be improved by Behavior Modification.

Keywords: *Behavior Modification, Self confidence, Disabled Student's.*

One way to help students achieve academic success is to have positive Self confidence. Self confidence to affect a child's ability to learn and to behave in class. Self confidence also seems to affect motivation. Psychology is important as it is concerned with the study of behavior and mental processes and at the same time, it is also applied to many different things in human life. Through psychology, we are able to understand and determine how the mind and body of an individual works. Self-confidence is the inner feeling of certainty; it is a feeling of certainty about who you are and what you have to offer to the world and also it also offers the feeling that you are worthwhile and valuable. Everyone craves to possess self-confidence because it makes life so much easier and so much more fun. Self confidence gives us the energy to create our dreams. Self-confidence is an essential element to being able to create powerfully.

Self-confidence is an attitude which allows individuals to have positive yet realistic views of themselves and their situations. Self-confident people trust their own abilities, have a general sense of control in their lives, and be-live that, within reason, they will be able to do what they wish, plan, and expect. Self confidence is central to good psychological adjustment, personal happiness and effective functioning in children and adults. The term self confidence is used to

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refer to individual's judgment about themselves. Children with over all high self concepts are confident about their abilities to accomplish their goals, academic competence and relationship with parents and peers. Children with low self confidence tend to be apprehensive about voicing unpopular or un-usual ideas and avoid attracting attention. The future of students depends mostly on their self-confidence. Self-Confidence is the essential factor of personality. On the strength of self-confidence the students can solve the difficulties in individual, social, intellectual, educational fields.

"The socio-psychological concept of self-confidence relates to self-assuredness in one's personal judgment, ability, power, etc., sometimes manifested excessively."
"Self-confidence is confidence in oneself, i.e. in one's abilities and worth, including the ability to cope with one's limitations and problems."

In India, the broad definitions of different categories of disabilities have been adopted in the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 as well as under the Rehabilitation Council of India Act, 1992.

1.1 "Person with Disability" means a person suffering from not less than forty percent of any disability certified by a medical authority.
1.2 Blindness refers to a condition where a person suffers from any of the following conditions, namely: _ Total absence of sight; or _ Visual acuity not exceeding 6/60 or 20/200 (Snellen) in the better eye even with correction lenses; or _ Limitation of the field of vision subtending an angle of 20 degree or worse. For deciding the blindness, the visual acuity as well as field of vision has been considered.
1.3 "Person with low vision" means a person with impairment of visual functioning even after treatment or standard refractive correction but who uses or is potentially capable of using vision for the planning or execution of a task with appropriates assistive device.

This definition is incomplete as it inadvertently omits quantification of the acuity as well as the field of vision as is done in the case of the WHO definition. It is desirable to modify this definition and the following quantification should be added:

"Low vision are those who suffer visual acuity between 20/ 200 to 70/200 (Snellen) or 6/18 to 6/60 in the better eye after the best possible correction or a Field of Vision between 20 to 30 degree." Behavior modification is based on methodological behaviorism, which refers to limiting behavior-change procedures to behaviors that are observable and was employed briefly during the late 1950s but predominately from the late 1970s to early 1980s. Specifically, behavior was modified through the use of presumed consequences, including positive and negative reinforcement contingencies to increase desirable behavior or by administering extinction and or punishment to reduce behavior.

The present study has been conducted to investigate the Behavior Modification to improve Self confidence of Disabled Student's" in this study of Maharashtra, India

Significance of the study

- This study may provide quantitative data on effect of Behavior Modification to improve Self confidence of Disabled Student's.
- The study may highlight the importance of the Disabled Student's as field of inquiry for profound our understanding of the nature, predication of Self confidence.
- The study may bring an impetus for future experimental studies regarding the effect on prediction of behavior on the bases of Disabled Student's.

METHODOLOGY

Objectives:

1. The purpose of this study is to determine whether Behavior Modification to improve Self confidence of Disabled Student's.
2. To explore whether Self confidence affect Disabled Student's.
3. To suggest the importance of individual's Disabled Student's is predictive of their compatibility with others.

Hypotheses:

- Self confidence of Disabled Student's can be improve by Behavior Modification.

Sample:

Locus of the present investigation will be confined to the Disabled Student's initially 1000 subject will be taken from the population finally 100 subjects will select for this study from Aurangabad District Student's School . The stratified randomize sample taken into consideration for the study consisted of 50 subjects'. The efforts will be made to have the sample as representative as possible in terms of area of living.

Measurement Tool:

1. Description of the Self- Information Schedule:

This schedule was saturated by to collect the following facts about the student. Personal Information:- Name, Sex, Age, Caste, Education

2. **Self Confidence Inventory _PD**

Constructed by D.D. Pandey in this test good validity and Test-Retest Validity .8822 and Split half reliability .08924

Design:

Quasi-experimental design (Time Series Design) O_1 X O_2

O_1	X	O_2
Pre-test	After (ten day) Treatment	Post-test
Self Confidence Inventory _PD	Behavior Modification	Self Confidence Inventory _PD

Variables under Study

I) Independent variable

Disabled Student's

II) Dependent variable

Behavior Modification

Self Confidence

Proposed Statistical Procedure:

I) Descriptive statistics i.e. Mean, S.D, will be computed.

II) 't' test

RESULT ANALYSIS

Hypothesis *Self confidence of Disabled Student's can be improve by Behavior Modification.*

Table 2. Means Disabled Student's for Self confidence

	N	Mean
Pre test	40	26.7
Post Test	40	19.9

df= (N1 +N2-2) 40+40-2 = 78

df = 78 table values is 0.01 =2.63 & 0.05 level =1.99 both level is Significant

Fig .1: Bar diagram showing Mean values for Disabled Student's for Self confidence

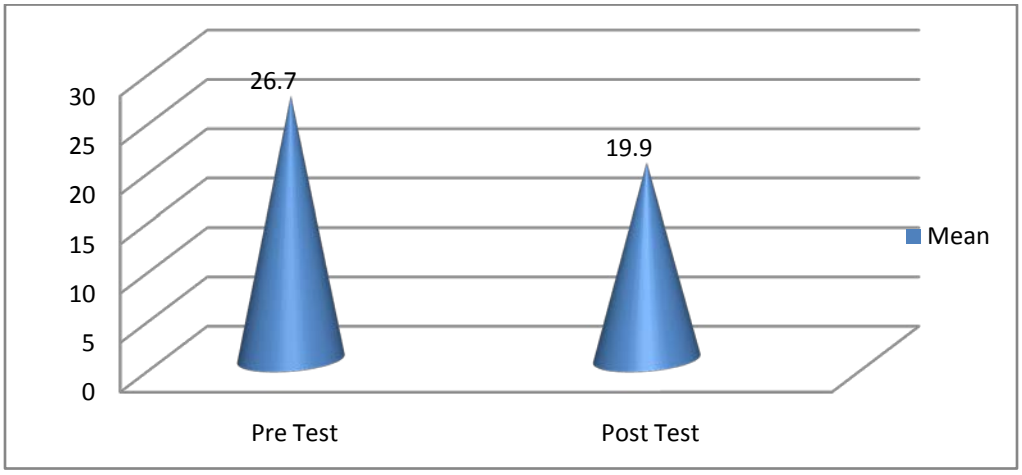

Table 1 and Figure 1. present the mean on the Self confidence for Disabled Student's. It can be observed from the table that the score of the Disabled Student's Per test mean is Average Self Confidence than Disabled Student's Post test mean is High Self Confidence

Table 3. 't' value for Disabled Student's for Self confidence

	N	Mean	S.D	't' value
Pre test	40	26.7	2.27	8.83**
Post Test	40	19.9	1.37	

Table 3. Presents the t value for the Disabled Student's (Per test and Post test) on Self confidence. Significant effect was found for Disabled Student's (t=8.83 > 0.001 & 0.005 Level) on Self confidence.

Thus the result is support to Hypothesis Self confidence of Disabled Student's can be improved by Behavior Modification.

CONCLUSIONS

On the basis of data and discussion of results, the hypothesis was tested and verified following conclusions were drawn.

- Tend to show Self confidence of Disabled Student's can be improved by Behavior Modification.

LIMITATIONS AND SUGGESTIONS OF THE PRESENT RESEARCH

Some limitations inherent in this study are;

- The population was limited areas restricted to Aurangabad district only. It can be spread into other areas also.
- The sample of the study was small. The study can also be done by taking large sample size.
- The tools used in this investigation were self – reporting instrument, it is therefore noted that the accuracy of data reported is limited to the abilities and willingness of the respondents to give truthful responses.
- Area of living i.e. environment as well as rural and urban factors and socio-economic status, cultural factors of the subjects were not considered as a determinant of Self confidence It can also be considered as predicators of Self confidence.

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Conflict of Interests

The author declared no conflict of interests.

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Psychological Morbidity among Residential College Students

Ann, J. J[1]*, Sherin, P. A.[2]

ABSTRACT

Aim: The aim of the study was to understand the health risks among residential college students as a result of the various developmental and environmental changes. ***Methods***: In this study 183 residential college students between the age group 16-17 years were selected using purposive sampling from different colleges in Bangalore. After this General health Questionnaire (GHQ) was administered on these students and it measured the following factors: somatic symptoms, anxiety/insomnia, social dysfunction and severe depression. Content analysis was done to analyze the open ended questions. ***Results:*** The scoring and interpretation was done according to the manual. The results showed that out of 183 college students, 61 (33%) of them were above the threshold of distress. It was further noticed that due to academic pressure, irregular sleep patterns and drug addiction 31.1% of the students had positive scores on the anxiety category. 16.4% showed symptoms of depression as they had relationship problems, experienced some trauma, were away from family and close friend. A 26.2% portrayed social dysfunction due to dysfunctional thinking patterns, family issues, depression and language barrier. Another 26.2% exhibiting somatic symptoms was a result of ill-health, unhealthy food habits and environmental factors like climate, temperature and water. ***Conclusion:*** The study implies on sensitizing teachers about these challenges and its negative influence on growing individuals. It also highlights the ways to equip adolescents with ways to overcome these challenges through induction programs and activities that would enhance cohesion among peers.

Keywords: *Psychological morbidity, Residential students, Anxiety, Social dysfunction, Somatic symptoms, Depression*

Adolescents face unique challenges during the transition period from school to college. An educational institution or a college is a place wherein individuals from different ideologies, values and culture amalgamate. Accommodating with the new environment of the educational institution during the initial period would depend on the past experiences of the individual, the

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amount of peer acceptance received (Flook, L., Repetti, R.L., & Ullman, J.B. 2005), parenting style and family dynamics (Barr, A.B., 2015).

Residential students have to deal with all these along with the fact that they have been uprooted from their comfort zone to a very different environment. The past experience along with the changes in the new environment instilled certain coping mechanisms which have been rationalized by their independent thinking patterns. The cognition that these students form could either reinforce their social skills or curb them. Having an appropriate amount of peer relationship and support is essential while staying away from home. The academic pressure is a cumulative problem that the residential students are compelled to cope with along with the communication difficulties and environmental changes.

The challenges and impact of coping to these challenges during this transition engaged by students are studied in this research area. The academic pressure and the baggage of being away from home, the past trauma, family issues, relationship problems and the communication skills play a role in the thinking patterns and socialization of these students. This could lead to distress and anxiety which negatively influence their healthy coping mechanisms. In addition to all the above, external factors of climatic conditions, unhealthy eating practices and ill-health may manifest into somatization disorders.

The objectives of the study were twofold. The first was to find out the emotional distress among residential college students. The second was to explore different psychological health concerns among them.

METHODOLOGY

The study used both quantitative and qualitative methods to find out psychological morbidity among residential college students. The sample consisted of 183 participants who were pursuing their pre-degree or diploma in science. GHQ (28) was used as a quantitative measure and an open-ended question was used as a single qualitative measure: “many people have their own challenges in their life. Please share with us the greatest challenge that you are facing during this period after you have joined this course and ways to deal with it”? responses to this question was transcribed into a textual database.

Data Analysis

GHQ includes four domains: somatic symptoms, anxiety/insomnia, social dysfunction and severe depression. The scoring in each of these dimensions was done from 0 to 3 for each of the responses with a ranging 0 to 84 being the total possible score. Analysis of the open-ended question was done by using content-analysis.

RESULTS AND DISCUSSION

Characteristics of the sample

Age and Education:

All participants were within the age range of 16 to 18 years and belonged to pre-university was included in the study.

General Health:

All the participants of the study were screened using General Health Questionnaire (28). It was found that 61 students were distressed while 122 were not distressed (Figure 1).

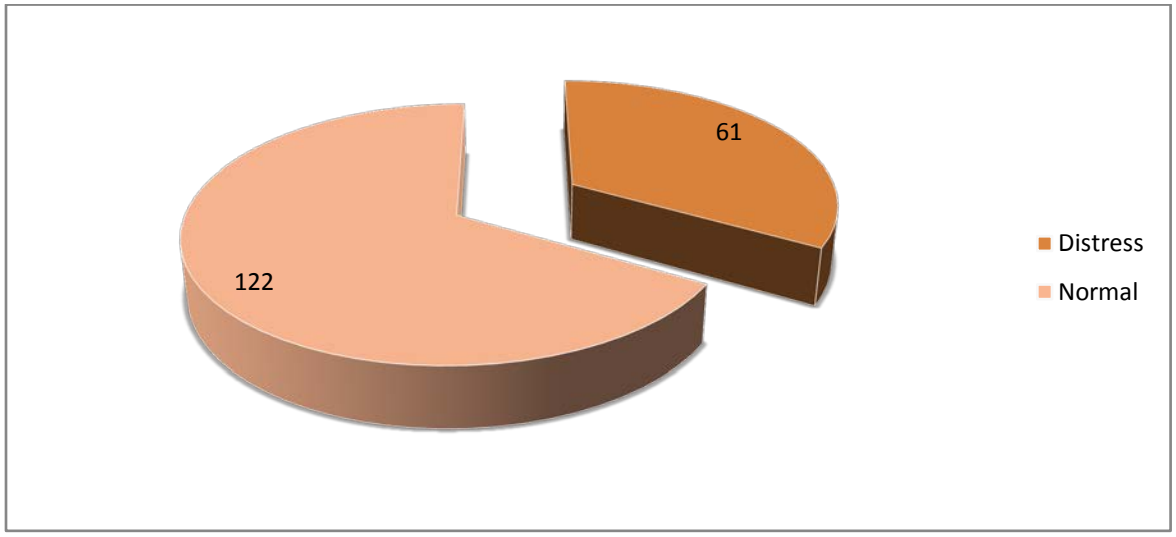

Figure 1: Distribution of frequency of residential students with respect to psychological health.

Out of the 61 of the distressed residential pre-university students 18 were anxious, 10 depressed, 16 were socially dysfunctional and 16 had somatisation disorder (Figure 2).

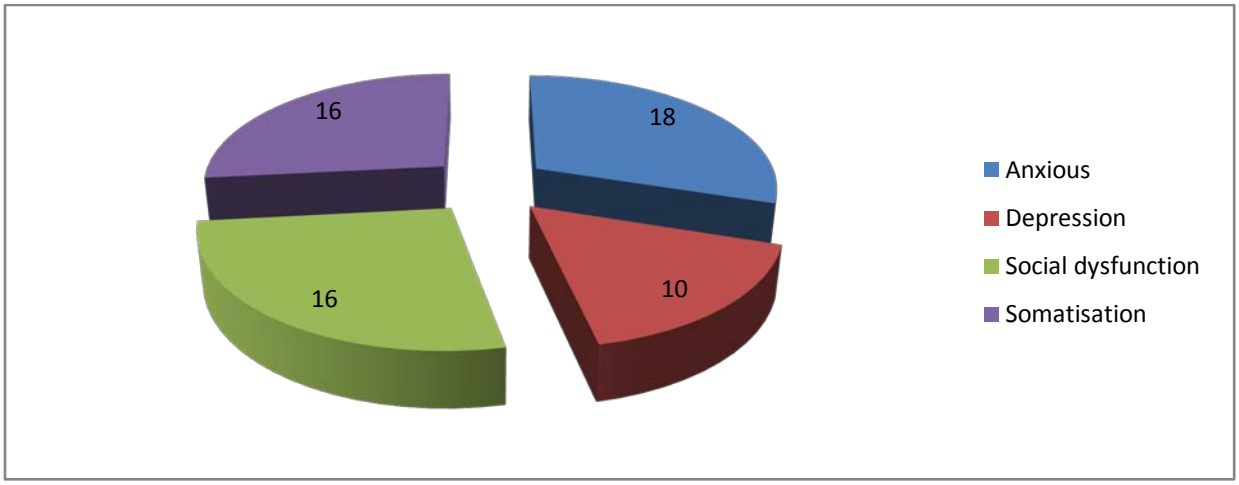

Figure 2: Distribution of frequency of residential students across four domains of psychological distress

Psychological health concerns among residential college students

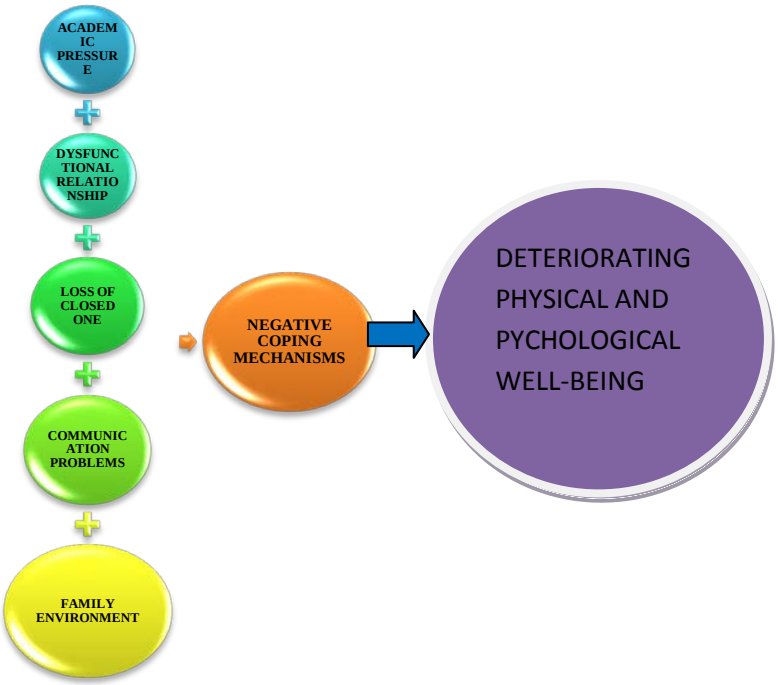

Figure 3: Major Themes emerged in the qualitative analysis

The content of each response was analyzed to determine if it contains anxiety, depression, social dysfunction and somatisation. The unique themes that reflected in each domain were found to be association between irregular sleep patterns and academic pressure, drug abuse and anxiety, depression and relationship problems, trauma and being away from home, somatisation with unhealthy eating problems and environmental factors and ill-health.

Irregular sleep patterns

Many participants described their feelings of distress in academic performance. The reasons attributed for the distress included academic pressure and consequent changes in sleep patterns to accommodate greater amount of time in academics. These could also have an impact on their health which has irrevocable impact on their life.

Quality amount of sleep is reinforcing to the body and is an enabling resource to the students (Buboltz, 2002; Trockel, Barnes, &Egget, 2000). It is revitalizing and reenergizing method for the mind and body. It gives the amount of relaxation that the body needs and helps in consolidation of the information received by the brain. During sleep there is reactivation of memories that were learned immediately which enhances the ability to recall the same on subsequent days. Thus, even though students may spend lot of time in studying, doing that without adequate amount of sleep does not provide them with better academic performance. In addition, it has also been learned that sleep deprivation has a role to play in the formation of false memories. Irregular sleep patterns could leave an impact on impairing cognitive function

(Patihis, L., Loftus, E.F., Lewis, H.C., &Fenn, K.M. 2014). In a study conducted by Felts and his colleagues (2006), it was found that 82% reported general morning sickness while another 28% reported "insomnia".

A study conducted by Lin & Chin-Chun (2015)projected light into the conduct problems that unhealthy sleep practices were related to conduct problems. Furthermore, it was also found that poor academic performance, low levels of emotional well-being and defiant attitudes were related to the disturbances in sleep or the irregular sleep patterns.

In this study it was observed that academic pressure was one of the reasons that the participants attributed to irregular sleep patterns. However, this did not help these students to perform better academically as memory was not retained leading to lower academic performance.

Anxiety and depression

The participants have reported to have indulged in certain coping mechanisms as a result of either their personal experiences or due to academic pressure. The interaction with those from different cultures exposed them to various ways of coping that could have negative impact on health and the psychological well-being of the individual.

In this study participants reported to have turned to alcohol as means of coping with the academic pressure and also with the constant surfacing of learned experiences. Academic pressure has been stated as the reason for anxiety and depression among adolescents (Quach, A., Epstein, N., Riley, P., FAlconier, M., & Fang, X., 2015). The students who use drugs as a means of coping with the various problems are distressed and unable to be resilient. They have lower levels of resistance to the problem recognition, self-doubt concerning their communication skills and self-deteriorating image of themselves as a result of their inability to cope with the new circumstances.

The students who reported having relationship issues which have been a life event changing their character traits to some extent. Having been in a dysfunctional relationship in the past had changed their perspective of the world around them and the way they view themselves as well. The participants could not trust anyone as they were deceived by those whom they trusted the most leaving them with a feeling at a loss.

All these factors amalgamate such that they have a cumulative negative impact on the long-term psychological well-being of students.

Social dysfunction

From the descriptions of participants, the reasons for social dysfunction is the result of dysfunctional thinking patterns, family issues, depression and communication gap. Each of these

factors played a role in their social skills abilities. Since the students found it difficult to engage in conversations with their peers, they were unable to make new group of social support.They felt that there was a dire need to be able to communicate in the English language with dire fluency. This thought would create a language barrier to gain social support and make friends in the changed environment. This kind of cognitive distortions were a barrier for better adjustment of these individuals.

The problem in communicating in the way they considered the best by them led to various cognitive distortions. Some exhibited all or none cognitive distortion by saying, " if I write the exam I will fail" and " If I don't talk in English people will not like me or people will think I am inferior." Others exhibited overgeneralization, "I am always good for nothing," should statements, "I shouldn't have made that mistake in English", labeling "I am such a loser". Still others produced statements that were magnified like, "I made a small mistake while talking, and everyone is going to evaluate me negatively." Thereby all these factors work parallel in hindering the students' ability to create a good social group for themselves.

The lack of command over the English language creates a negative image of the self which in turn reinforce cognitive distortion about their own ability to converse with their peers. This in turn creates a problem in their ability to adjust well in the institution and their residence. Earlier research has shown that the English curriculum setting tend to raise self-concept among those who attain lower grades while decrease self-concept among those who are tend to attain higher grades (Ireson, J., Hallam, S., &Plewis, I. 2001).

Students also found it difficult to adjust because of their family issues. The reasons they attributed to the family issues were mainly due to authoritative parenting and consequent anxious/ambivalent attachment with the parents. Disclosure of personal matters with their roommates or classmates may again create anxiety or depression. There is an inverse relationship between unsupportive peer behaviour with well-being among adolescents which would in turn have an impact on the grades (Voydanoff, P., & Donnelly, B.W. 1999).

Somatic symptoms

The description about somatic symptoms projected that all the somatic symptoms like headaches, fever, and cold were the results of academic pressure as well as inter and intra personal problems. Unhealthy eating pattern and irregular sleep pattern may again deteriorate these somatic symptoms.

CONCLUSION

This study highlighted the major psychological health concerns among adolescents in the domains of anxiety, depression, somatic symptoms and social dysfunction. Hence, it is important to identify adolescent students who are emotionally distressed and not to ignore their mental health concerns. The lack of awareness about the ineffective ways of coping would make the

participants vulnerable to long-term psychological distress. This study implies on helping adolescents to engage in healthy thinking patterns in order to indulge in healthy coping strategies. It would also encourage teachers to help the students to cope with their curriculum and parents to perceive the circumstances of their children better.

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The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests
The author declared no conflict of interests.

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Need Pattern, Job Satisfaction and Mental Health among IT Professionals

Sushma Suri[1]*, Swati Sharma[2], Tahir Abbas[3]

ABSTRACT

The present study designed to assess the need pattern, mental health and job satisfaction among male and female IT professionals. It also aimed to find out the relationship between need pattern, job satisfaction and mental health. The sample includes 60 subjects working in different IT companies like WIPRO, HCL, IBM, etc. and were divided equally on the basis of their genders i.e. male (N=30) and female (N=30). Need Pattern Scale, Job Satisfaction Scale and Mental Health Inventory were used to collect data. Obtained scores were analysed with the help of t-test and correlation coefficient. Findings of the study demonstrated a significant difference between male and female IT professionals only on the aggression and power dimensions of need patterns and total scores. Regarding job satisfaction both the group differed only on economy statement dimension. As far as mental health is concerned they showed significant difference on all dimension except perception of reality and integrating personality. No significant relationship observed between mental health and job satisfaction and need pattern irrespective of their gender.

Keywords: *Need Patterns, Job Satisfaction, Mental Health, IT Professional*

Employees that perceive a discrepancy between personal and organizational objectives may react with resistance to the need assessments. Resistances and fears may affect the motivation and performance of employees and undermine the validity of assessment outcomes. Employees that react positively towards the needs assessment procedure are likely to be more satisfied with the development program content. (Noe and Schmitt, 1986)

While organizations perceive the estimation of need evaluation and employee advancement to aid them to accomplish their objectives. Employees also have aspirations and understanding

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towards development opportunities which may enable them to grow and advance in their career. Therefore it seems important that the organization's efforts should be in line with their employees' need. (Pearn, 2002)

Need Pattern

Needs are reflections of the inner world, and are solely the responsibility of the individual. Our activities are motivated keeping in mind the end goal to accomplish certain necessities. Attempting to impose the attainment of a need upon the activities of another individual will just make disdain and dissension,(Maslow, 1943).A vigor that record for incitement, decision, course and perseverance of conduct is known as motivation and once the specialty of affecting conduct is learnt by the organization, the breach amongst individual and organizational objectives diminishes. (Verma, Rangnekar and Barua, 2011). Answer to 'what motivates individuals', is a key to achievement. As per McShane, Glinow and Sharma (2006), Needs are inadequacies that energies or trigger practices to fulfill those necessities. More grounded the needs; the more motivated the individual to fulfill them. As indicated by Fincham and Rhodes (2005) there can be two classes of motivational theories, one is Content and other is Process. The fundamental supposition of content theories is that same sets of needs are available in all people. Process hypothesis states that people vary as far as their needs and this distinction is because of mental process.

McClelland's Theory of needs emphases on three needs Need for Achievement (nAch); Need for Power (nPow) and Need for Affiliation (nAff). The theory was produced by David McClelland and his associates. Need for Achievement is the drive to exceed expectations, to endeavor to succeed, to have accomplishment against standards. Need for Power is to make others act in a manner in which else they would not have been acted on. Need for Affiliation mirrors the longing for close interpersonal and sociable affiliations (McClelland, 1961, 1975; Atkinson and Raynor, 1974; Stahl, 1986). Patterns cover the real sentiments held in an unhealed, turning state. Each individual has a stuff of motivations anticipating satisfaction; they turn into a pattern, and invigorate action. Identification of such pattern and satisfaction of those thought processes turns a man towards better performance adjustment and fulfillment (Sanghi, 1998). The Need for security is shared in all persons; as he becomes more mature in age, the worry upsurges. More dissatisfaction prompts aggression in life and makes the individual aggressive.

Job Satisfaction

Job satisfaction is very important aspect of employees' life and its non-attendance regularly prompts dormancy and decreased organizational commitment (Moser, 1997). Absence of job satisfaction is an indicator of quitting a place of employment, (Jamal, 1997). It has defined as a pleasurable state coming about because of the assessment of one's occupation as effective response and a disposition toward one's employment. Locke's Range of Affect theory (1976) is one of the most famous job satisfaction models which stated that satisfaction is determined by an

inconsistency between what one needs and what one has in a vocation. Further, the theory explained that how much values a given facet of work moderates gives and how much satisfaction/dissatisfaction one can get when expectations are/aren't met. As indicated by dispositional theory, (Allport, 1936), individuals have inborn dispositions that cause them to have propensities toward a specific level of satisfaction, paying little heed to one's employment. Four centre self-assessments that decide one's disposition towards work satisfaction are: self-esteem, general self-efficacy, locus of control, and neuroticism. Further, two factor theory says that motivating factors are those parts of the employment that make individuals need to perform, and give individuals satisfaction, for instance accomplishment in work, acknowledgment, advancement opportunities. Faragher, Cass and Cooper (2005) found job satisfaction is most strongly associated with mental problems and strongest relationships were found for burnout, self-esteem, depression and anxiety.

Mental Health

Mental health is defined as *"a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community"* (W.H.O, 2014). The effect of mental health problems in the working environment has severe effects for the person as well as for the profitability of the enterprise. Employee performances, rates of sickness, non-attendance, mishaps and staff turnover are all influenced by workers' mental health status, (W.H.O, 2000). According to World Health Organization (WHO, 2001) mental health includes *"subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential, among others."*

The most productive and effective employees are highly motivated and presumably in good health. Such representatives work vigorously, create brilliant results, and perform ideally. Unluckily, health issues in the work environment are on the ascent (Vézina, Bourbonnais, Marchand, and Arcand, 2008)

There is reliable confirmation from various cross-sectional (Broadbent, 1985; Broment, Dew, Parkinson, Cohen, and Schwartz, 1992) and longitudinal studies (Kawakami, Haratani, and Araki, 1992; Parkes, Mendham, and Rabenau, 1994; Stansfeld, Fuhrer, and Head, 1997; Niedhammer, Goldberg, Leclere, David, Bugel, and Landre, 1998; Mino,Shigemi, Tsuda, Yasuda, and Bebbington, 1999) that elevated amounts of psychological demands, including high work pace and high clashing requests, are prescient of poor emotional wellness. It depends upon the needs a person is having and the job he is holding and its impact on the health of the person, physical and mental. If the needs of the person are met with the job he is holding there are great chances of getting satisfied with the job and resulting in good physical and mental health because all these are interrelated. If the needs are met with the job he is holding then will definitely results in good health and a satisfied person for that job and vice versa.

According to Blai (1964), there is close relationship between job satisfaction and need satisfaction and motivation. If the person's want is satisfied then no longer it is a want. If need is satisfied in a job there is job satisfaction. When pre potent needs are relatively satisfied then there is motivation for other needs to be satisfied. The basic needs are: 1) physiological, 2) safety, 3) belongingness and love, 4) importance, respect, self-esteem, independence, 5) information, 6) understanding, 7) beauty and 8) self-actualization.

According to Henwood, Derejko, Couture and Padgett (2014), the conceptual overlap between mental health recovery and Maslow's notion of self-actualization is hard to overlook and offers a strong hypothetical, though instinctive, guide to consider how material hardship, including vagrancy, may influence one's recuperation potential. Maslow's hypothesis would recommend that more fundamental needs should first be tended to before undertaking a procedure of recuperation or self-actualization (i.e. a "being need") that is recurrent and iterative.

There is developing evidence that present patterns in employment conditions that might disband levels of job satisfaction and specifically harming the physical and emotional wellness of employees.

Objectives:

1. To assess and compare the need pattern,(security, aggression, achievement, power and affiliation), Job satisfaction (Job Concrete, Job Abstract, Psycho-Social Statement, Economic Statement, and Community & National Growth)and Mental Health (Positive Self-Evaluation, Perception of Reality, Integration of Personality, Autonomy, Group-oriented Attitude and Environmental Mastery) among male and female IT professionals.
2. To find the relationship between need pattern,(security, aggression, achievement, power and affiliation), Job satisfaction (Job Concrete, Job Abstract, Psycho-Social Statement, Economic Statement, and Community & National Growth)and Mental Health (Positive Self Evaluation, Perception of Reality, Integration of Personality, Autonomy, Group-oriented Attitude and Environmental Mastery) of male and female IT professionals.

Hypotheses:

1. There would be a significant difference on need pattern,(security, aggression, achievement, power and affiliation), Job satisfaction (Job Concrete, Job Abstract, Psycho-Social Statement, Economic Statement, and Community & National Growth)and Mental Health (Positive Self-Evaluation, Perception of Reality, Integration of Personality, Autonomy, Group-oriented Attitude and Environmental Mastery) among male and female IT professionals.
2. There would be a significant need pattern,(security, aggression, achievement, power and affiliation), Job satisfaction (Job Concrete, Job Abstract, Psycho-Social Statement, Economic Statement, and Community & National Growth)and Mental Health (Positive

Self-Evaluation, Perception of Reality, Integration of Personality, Autonomy, Group-oriented Attitude and Environmental Mastery) among male and female IT professionals.

METHOD

Participants:

The sample consists of 60 IT professionals (middle level managers) working in different IT companies like WIPRO, HCL, IBM, etc. The sample includes equal number of male (n=30) and female (n=30) participants.

Measures:

- Need Pattern Scale developed by Sanghi (1998) consist of 30 items having five needs: security, aggression, achievement, power and affiliation. This scale has 0.86 test-retest reliability coefficient.
- Mental Health Inventory developed by Jagdish and Srivastava (1983) consists of 55 items with six dimensions i.e., positive self-evaluation, realistic perception, integration of personality, autonomy, group oriented attitudes, and environmental mastery. The reliability of the test is 0.75.
- Job Satisfaction Scale by Singh and Sharma (1995) consists of 30 items measuring two areas; job intrinsic (factors lying in the job itself) and job extrinsic (factors lying outside the job). The test-retest reliability works out to be 0.978.

Procedure:

Only willing and keen subjects were selected. And good rapport was established and maintained throughout the period of data collection. The maximum possible care was taken to ensure that no items were omitted by chance or otherwise. The subjects were requested to give authentic responses.

RESULTS

Results obtained with the help of t-test, (table-1) indicated a significant difference between the scores of male and female IT professionals on the dimension of aggression, power and total need pattern. The mean scores of male were high (4.63, 4.73 & 22.56) as compare to female scores (2.73, 3.70 & 20.13).The effect size is (1.76, 1.01and 0.88 respectively) which falls under the category of high.

Table 2 has revealed a significant difference between male and female IT professionals on all the dimensions of job satisfaction (Job Concrete, Job Abstract, Psycho-Social Statement, and Community & National Growth and total score) except on the economic statement. The mean scores of male were high (15.23, 17.17, 20.27, 14.67& 79.63) as compare to female scores (13.70, 14.37, 17.17, 13.37, &70.97).The effect size is (0.601, 1.08, 1.053, 0.650 and 1.048

respectively), which falls under the category of high. And also the mean values of both the gender suggested that females are less satisfied than their male counterparts.

As far as the mental health of the subject is concerned t-values (Table -3) indicated that male and female IT professionals differ significantly on mental health and its dimensions (positive self-evaluation, autonomy, group-oriented attitudes, and environmental mastery) except on perception of reality and integration of personality. Furthermore, males have scored higher as compared to females on the mean values of positive self-evaluation, autonomy, group-oriented attitudes, and environmental mastery. The mean scores of male were high (30.40, 18.60, 30.46, & 28.43) as compare to female scores (28.60, 16.80, 28.00 & 25.26). The effect size is (0.692, 1.175, 0.898 and 1.004 respectively), which falls under the category of high.

Table 4 indicated correlation coefficient between need pattern, job satisfaction and mental health among males professionals. Results showed no significant relationship between all the variables irrespective of their gender.

Table 3.1: Shows the significance of difference between male and female IT professionals on Need Pattern Scores (N=30 for each group)

Need Pattern	Gender	Mean	Std. Deviation	t-value	Cohen's d
Security	Male	3.9000	.92289	.594	0.153
	Female	4.0667	1.22990		
Aggression	Male	4.6333	.80872	6.855*	1.769
	Female	2.7333	1.28475		
Achievement	Male	5.1333	.81931	1.075	0.277
	Female	5.3333	.60648		
Power	Male	4.7333	1.01483	3.929*	1.015
	Female	3.7000	1.02217		
Affiliation	Male	4.1667	.94989	.490	0.126
	Female	4.3000	1.14921		
Total Need	Male	22.5667	2.35889	3.418*	0.883
	Female	20.1333	3.10432		

* Significant at 0.05 level. ** Significant at 0.01 level.
Cohen's d: 0.8 and above large, 0.5 medium and 0.2 small (Cohen, 1988)

Table 3.2: Shows the significance of difference between male and female IT professionals on their Job Satisfaction Scores (N=30 for each group)

Job Satisfaction	Gender	Mean	Std. Deviation	t-value	Cohen's d
Job concrete	Male	15.2333	2.50080	2.327*	0.601
	Female	13.7000	2.60172		
Job abstract	Male	17.1667	2.75535	4.208*	1.087
	Female	14.3667	2.38506		
Psychosocial Statement	Male	20.2667	1.63861	4.123**	1.053
	Female	17.1667	3.09040		
Economic Statement	Male	12.3000	1.34293	1.110	.0287
	Female	11.9000	1.44676		
Community & National growth	Male	14.6667	1.74856	2.519 *	0.650
	Female	13.3667	2.22033		
Total job Satisfaction	Male	79.6333	8.15151	4.057 *	1.048
	Female	70.9667	8.39328		

* Significant at 0.05 level. ** Significant at 0.01 level.

Cohen's d: 0.8 and above large, 0.5 medium and 0.2 small (Cohen, 1988)

Table 3.3: Shows the significance of difference between male and female IT professionals on their Mental Health Scores. (N=30 for each group)

Mental health	Gender	Mean	Std. Deviation	t-value	Cohen's d
Positive self Evaluation	Male	30.4000	1.30252	2.680 *	0.692
	Female	28.6000	3.44013		
Perception of Reality	Male	21.4333	1.99453	.462	0.119
	Female	21.2000	1.91905		
Integration of Personality	Male	28.7667	2.55536	.868	.022
	Female	29.5333	4.10830		
Autonomy	Male	18.6000	1.47625	4.553 *	1.175
	Female	16.8000	1.58441		
Group oriented Attitudes	Male	30.4667	2.02967	3.479 *	0.898
	Female	28.0000	3.31142		
Environmental Mastery	Male	28.4333	1.73570	3.888 *	1.004
	Female	25.2667	4.10998		
Total mental Health	Male	158.10	5.09462	4.712 *	1.217
	Female	149.40	8.73597		

Table 3.4: Shows correlation co-efficient between Job Satisfaction, Mental Health and Need Pattern among Male and female IT professionals(N=30 for each group)

		Job Satisfaction	Mental Health	Need Pattern
Job Satisfaction	Male	1	-.046	-.157
	Female	1	-.271	-.288
Mental health	Male		1	.015
	Female		1	.090
Need pattern	Male			1
	Female			1

DISCUSSION

The present study designed to examine the need pattern (dimensions), Job satisfaction (dimensions) and Mental Health (dimensions) among male and female IT professionals. It also aimed to find out the relationship between these variables among male and female IT professionals.

Results obtained indicated a significant difference between the scores of male and female IT professionals on the dimension of aggression, power and total need pattern. The preset finding is in accordance with (Schuh, Bark, Quaquebeke, Hossiep, Frieg, and Dick, 2014; Mason, Zhang, and Dyer, 2010), who gave some indication that males will probably struggle for power in the work environment than are females. Men tend to give careful consideration to power cues and to be more inspired by power—the longing for the way to impact other individuals — which has been appeared to assume a part in creating gender orientation contrasts in leadership role occupancy.

According to Akhtar and Khushwaha (2015), the boys were more aggressive than girls as showing mean value of aggressive behavior 11.96 and 6.26 respectively. The data suggests that very small number of adolescent girls expressed their anger or aggressive behavior freely as contrasted with young men who have bigger number to express openly their hostility. Another fascinating finding uncovered that adolescent girls feel regretful in the wake of communicating their annoyance where young men don't feel remorseful. A non-significant difference has been found between male and female IT professionals on their need for security, achievement and affiliation.This finding is approved by the study of Mauno and Kinnunen, (1999), which showed that job insecurity and well-being were both relatively stable among the sexes during the follow-up period.For the achievement dimension of need pattern, the findings of Adsul and Kamble, (2008) have contradictory result, which showed that males have a high achievement motivation while females have a below average level of achievement motivation. The present contradictory finding can be accounted by the fact that in modern society both boys and girls are getting equal

opportunities in all walks of life. As they grow up they wanted to be independent and accept all the challenges prevailing in the society. However, both have high need for achievement and desire for significant accomplishment, mastering of skills, control or high standards. Turner (1996) has found that females had a higher requirement for affiliation and power than males which is contradictory finding as from the present results. Here the possible reason could be that both the male and female IT professionals want to maintain a positive relationship with other people just to cope with the work stress and tried to balance their work and family life.

Results have also shown a significant difference amongst male and female IT professionals, on all the dimensions of job satisfaction (Job Concrete, Job Abstract, Psycho-Social Statement, and Community & National Growth and total score) except on the economic statement. This result can be approved by the study by Sousa-Poza (2000) at the International Social Survey Program, who concluded that in most of the cultures, women were definitely not as much satisfied as their male counterpart. While a contrasting study by Rast and Tourani (2012), proposes that employees are moderately satisfied with their job and there is no significant difference between male and female employees' job satisfaction. It can be accounted on the fact that the organizational biasness towards the employees and females find themselves more biased than males or in organizations females may have to put in more efforts to prove them in order to get promoted. Also, employees find themselves highly qualified for the job they are holding and are not fit for the job or thinking that the job they are holding impacting their social status in one way or the other. Any significance was not found on the dimension of economy. This may be because the organizations pay equally for the job and who holds the job does not matter. Employees are getting paid according to their profiles not by gender. Organizations do have the salary slabs and they work according to their policies set by the management.

As far as the mental health of the subject is concerned results indicated that male and female IT professionals differ significantly on mental health (positive self-evaluation, autonomy, group-oriented attitudes, and environmental mastery) except on perception of reality and integration of personality. Furthermore, males have scored higher as compared to females on the mean values of positive self-evaluation, autonomy, group-oriented attitudes, and environmental mastery. This finding corroborates with the study by Mohamed, Rajan, Kumar and Mohammed (2002) which resulted that men in general were found to have relatively better sense of well-being, better mental health and more progressive gender ideology. Females expressed more stress than men in a large portion of the fields concerned.

As interviewed by the employees, it was observed that they evaluate themselves and have the exact sight of real world. They are not the imaginative persons or day dreamers and are well aware of the real world and deal the relationship well in the environment.Both males and female IT professionals were noticed to know better how to come up with different shades of personality

in difficult situations. Also, males prefer to work in groups rather individually in comparison to females.

Thus, H1:There would be a significant difference on need pattern,(security, aggression, achievement, power and affiliation), Job satisfaction (Job Concrete, Job Abstract, Psycho-Social Statement, Economic Statement, and Community & National Growth) and Mental Health (Positive Self-Evaluation, Perception of Reality, Integration of Personality, Autonomy, Group-oriented Attitude and Environmental Mastery) among male and female IT professionals is partially accepted.

Correlation coefficient between need pattern, job satisfaction and mental health between males professionals revealed no significant correlation among all the variables irrespective of their gender. Contradictory results have been found from the plethora of researches (Du Plessis, 2003; Maslow, 1968) have presented that the degree to which people are motivated by challenging tasks and by the sense that their capabilities are being strained directly effects on the job satisfaction that they experience. Individuals are propelled by their goals and objectives (Spector, 2003); goal involvement and goal achievement have additionally been reported to be positively related to job satisfaction, (Strydom and Meyer, 2002). These results are described by the contribution that achievement makes towards a person's self-esteem (Beach, 1980), that strong then their sense of contributing towards an organization. A need for achievement is often related to a need for power in the workplace (McClelland, 1987) and it has been shown that power is a significant predictor of job satisfaction for those workers who are motivated by it (Becherer, Morgan and Richard, 1982; Hoole and Vermeulen, 2003).

Present finding contradicts the study by Lee and Lee (2009) in their study have found that subjects with more severe psychological distress reported lower levels of job satisfaction on five dimensions measured by the JSQ-40. Factors related to organizational communication were especially important in overall job satisfaction and severity of psychological distress.

Thus, H2: There would be a significant need pattern,(security, aggression, achievement, power and affiliation), Job satisfaction (Job Concrete, Job Abstract, Psycho-Social Statement, Economic Statement, and Community & National Growth) and Mental Health (Positive Self-Evaluation, Perception of Reality, Integration of Personality, Autonomy, Group-oriented Attitude and Environmental Mastery) among male and female IT professionals is not accepted.

LIMITATIONS

The study consists of small sample size i.e, 60 and only quantitative method was used. The study can be strengthened by increasing the sample size and employing qualitative study.

IMPLICATIONS

The major implication of this study is to redesigning work processes in order to increase the job satisfaction, security and affiliation need for the larger number of workers and to enhance their mental health that may directly be associated with organisational output. The findings of the study will serve as the reference material for the academicians.

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Conflict of Interests

The author declared no conflict of interests.

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Healthcare Support among Elderly Population

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ABSTRACT

The elderly population is large in general and growing due to advancement of health care education. These people are faced with numerous physical, psychological and social role changes that challenge their sense of self and capacity to live happily. The present study was conducted to assess the relationship of specific satisfaction in biogerontology and social gerontological and medical gerontology. The present study reveals that health supports is positively and highly significantly related to using care services and suffer from disease of aged persons. The main purpose of this research was to find out the mean difference between old age home and residing in their home in suffer from disease and using care services .The total 120 elderly (60 elderly in old age home and 60 residing in their home) of age range 60-80 year. The study was carried out in Lucknow. Multistage sampling technique was fallowed in the present study. The samples of this study were personally and individually contacted and data was obtained through face to face interview. The research tool for hospital anxiety and used the care services and health care scale was used .and the test was applied to check the difference of suffer from disease Asthma, diabetes, cardiovascular disease, stomach /bowel disease and using care services the ANOVA method used to check the difference .Result reveals that significant difference in suffer from disease and using care services–old age with respect to both old age with respect to both old age home and residing in their home .While the difference between suffer from disease and using care services reveals and the elderly people who live in old age home suffer from disease and using care services and residing in their home elderly people live with family and happy and significant difference were found in disease and using care services in old age.

Keywords: *Health support, Suffer from disease, old age, elderly people live in old age home, elderly people live in residing in their home.*

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Healthcare Support among Elderly Population

Aging is not a disease, but the final stage of normal life. “Old age is an incurable disease”. “You do not heal old age”, “You protect it”, “You promote it”, and “you extend it”

Every human being passes through various stages in his life time. Birth infancy childhood adolescence adulthood and old age. This biological transition through different stages has cultural and human overtones. For the individual, age serves as an important base for self perception and role performance in the Indian homes, elderly are regarded as symbols of the divine and given utmost respect. They are considered as the repositories of wisdom, carriers of traditions and transmitters of experience of idea of group living.

Aging is a series of processes that begin with life and continue throughout the life cycle. It represents the closing period in the lifespan, a time when the individual looks back on life, lives on past accomplishments and begins to finish off his life course. Adjusting to the changes that Accompany old age requires that an individual is flexible and develops new coping skills to adapt to the changes that are common to this time in their lives (Warnick, 1995).

The definition of ‘health’ with regard to old age is a subject of debate. There is consensus that health in old age cannot meaningfully be defined as the absence of disease because the prevalence of diagnosable disorders in elderly populations is high. Instead, health is considered to be multifaceted: The diagnosis of disease should be complemented by assessment of discomfort associated with symptoms (e.g., pain), life threat, treatment consequences (e.g., side effects of medication), functional capacity and subjective health evaluations (Borchelt *et al*., 1999). Furthermore, Rowe & Khan (1987) suggested that the health of subgroups of older adults be defined in terms of their status relative to age and cohort norms.

Physical, social and emotional health’s are all important aspects of our overall health and wellbeing. Keeping active in older age is vital for each of these aspects of our wellbeing. This may mean being physically or socially active, or keeping the mind active. Everyone has different interests and activities they like to pursue, and these may change from time to time as circumstances change. However, it is important that we continue to pursue things of interest that give purpose to our lives, regardless of our age or ability. This can help us feel positive and lift our mood when we are feeling flat or low. The aim of this booklet is to assist you to reflect on positive.

The ageing of a population has been defined as an increase in the proportion of the aged vis-à-vis a decrease in the proportion of the young. There have been major occurrences in Asia that have impacted on the situation of the elderly: the decline in fertility that will gather further momentum in the twenty first century coupled with the continuing and steady decline in mortality which has resulted in significant changes in the size and structure of Asian populations. In India, the population of the elderly is growing rapidly and is emerging as a serious area of

concern for the government and the policy planners. Among the population aged 55 and above in Asia, there are about 90 men for every 100 women; for those aged 75 and above, there are only about 70 men for every 100 women (Lee and Mason, 2000).

Old age can be broadly characterized by time-altered changes in an individual's biological, Psychological and health related capabilities and its implications for the consequent changes in the individual's role in the economy and the society (Irudaya Rajan and Mishra, 1995).

The task of looking after the welfare of these citizens, who are in need of physical, financial and emotional care, is a daunting one for a country where the majority of the population is barely able to live above the poverty line. One aspect of this welfare consists in providing affordable and adequate health care for the elderly, by taking into account the pathologies of old age. A second issue is the socio-economic vulnerability of the elderly (in addition to the physical problems of old age).

Old age as such cannot be identified with ill health or disparity, although advancing age tends to bring increased health problems, There is after a gradual decline in physical strength, hearing less, visual improvements, and lower immunities to illness, hardening of blood vessels, respiratory and digestive disorders, heart ailments, arthritis etc.

Psychological problem include Cognitive impairment, Depressions, Dementia, Anxiety Death, Anxiety etc.Aging of the population is the defined as increase in the proportion of population aged 60 year and above. The elderly person is dynodes as a person who has completed 60 year or more. The United Nations generally uses age 60 as the lower limit to define elderly population **(United Nations.1993, 2005).**The national practices, however, vary in defining the aged .In development countries where considerable ageing in population has occurred, and where people are healthier and where life expectancy is very high (75 year and above) the elderly is defined as a person of 65 and over. The censor of India although provides data on aged 60 years and above. India demographer while studying the demographic and socio-economic aspects as an indicator of ageing (visana, 2006 Iruduya Rajan 2008).

Demographers and sociologists sometimes categories the elderly in three groups;

(a) Young old aged 60-69;
(b) Old age 70-79 and
(c) Oldest old aged 80 years and above.

In developed countries the elderly are generally categorised in following age statements:-

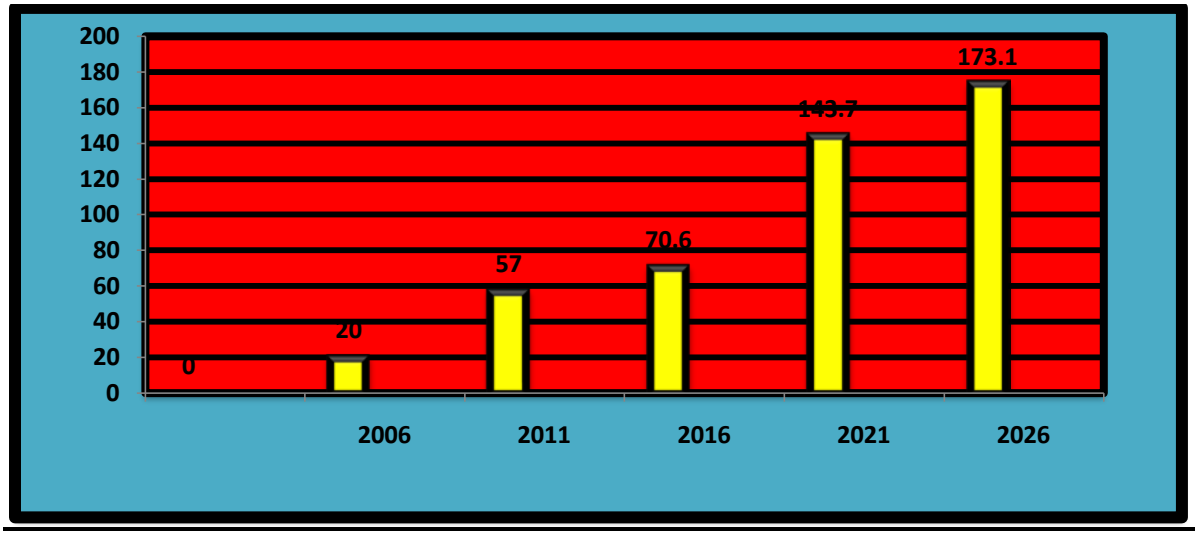
(a) Aged 55-65 as young old.
(b) Aged 60-85 as old and
(c) Aged 85 years and above oldest old

Demographic Transition

As per censes 2001.The number of older persona in 2001 was 70.6million (6.9%) which was projected to be 83.5 million in 2006 (7.5%). As per the projections the percentage of older person will be 94.8 million in 2011 (8.3%).118 million in 2016,(9.3%) 14.37 million in 2021(10.7%) and 173.1 million in 2026 (12.4%).

The growth of population of the elder person snows upward trend.

Population Projection



POPULATION 60+

The world's older population—defined in the present context as those aged 60 years and above—presently stands at around 760 million. Asia accounts for more than half of the total (414 million, including 166 million in China and 92 million in India). Europe is the region with the second largest number of older persons (nearly 161 million), followed by Northern America (65 million), Latin America and the Caribbean (59 million), Africa (55 million) and Oceania (6 million).

According to UN-Reports, the world elderly (60+ year) population in the year 1950 accounted to only 8.12% of the total population it is rapidly increasing and expected to touch of the total population by the year 2025 and 20.69% by the year 2050. Elderly growth rate is reportedly higher among the developing countries. India also and increased to 7.3% in 1990 and it is expected to reach 12.6% of the total population by the year 2020.

Objectives of the Study

- To study about the well-being of older people. (Between the age of 60-80years.)

Hypothesis

- There is no significant relationship between well-being and Health profile of elderly.

MATERIALS AND METHODS

The present study aim at purposive random sampling of wellbeing in old age, health profile social support, from deprived communities like, Education level marital status, working status, age .the practices they follow from as independent variable which affect and alter the dependent variable .therefore the proposed study intends to study the well-being in old age.

Study Area

Lucknow district of Uttar Pradesh was selected as the study area. The urban and semi-urban areas and selected the old age home–Aastha old age home and Sanjeevani Foundation (Charitable) Trust and Seva Sanklap old age home and residing in their home male and female aged group (60-80) year.

- The sample size of the study was restricted up to 120 samples. 30 male and female living in old age home and 30 male and female living residing in their home. Sample technique was purposive random sampling. Multistage sampling technique was followed in the present study.

Tools and techniques:

To carry out the present study, the following tools were used to measure various parameters. The main tools were used in the study was Predesigned questionnaire, Use the scale Care Services And Health Care Use, Multidimensional Scale of Perceived Social Support **(MSPSS).**

- Independent variable was age, Gender, Residing in their home etc.
- Dependent variable was Health domain in older people.

Procedure:

The samples of this study were personally and individually contacted and data was obtained through face-to face interview. The duration of data collection were spread over a period of two months (60 days). The obtained responses were scored and statistically analyzed.

Methods of data collection:

The data for the present research was collected personally through interview method. A pilot study was conducted on 10% of the sample to validate the data collection instrument and requisite changes in the schedule were made. Visits were made to the selected areas in order to establish a rapport and to ensure full co-operation form the identified sample.

RESULT

Table no: 1-Using care services elderly across- Age. (N=120)

S.No	Parameter	60-70 Mean±SD	71-80 Mean±SD	F	P
1.	The problems disappeared	1.43±.500	1.37±.487	.445	.506
2.	The waiting-list was too long	1.14±.348	1.23±.422	1.540	.217
3.	The care services were difficult to contact	1.28±.451	1.27±.450	.000	.984
4.	The care services were not available	1.28±.451	1.35±.482	.856	.357
5.	I did not get an appointment fast enough	1.50±.504	1.50±.504	.444	.506
6.	I had negative experience from previous services	1.48±.504	1.44±.500	.266	.607
7.	I had financial problems	1.21±.409	1.39±.491	4.740	.031
8.	I did not have the time	1.38±.489	1.29±.458	1.059	.305
9.	I did not know who to contact	1.67±.473	1.60±..495	.730	.394

(P<0.05=Level of highly significant)

Result depicted in table no.1-discussed that the difference between age and not using to care services .Data revealed that P-value was found not highly significant (.984) in the table it mean that there is significant difference age of respondent not using of care service. These mean that null hypothesis is accepted. Which mean that not using care services may also very according to the age of the respondent?

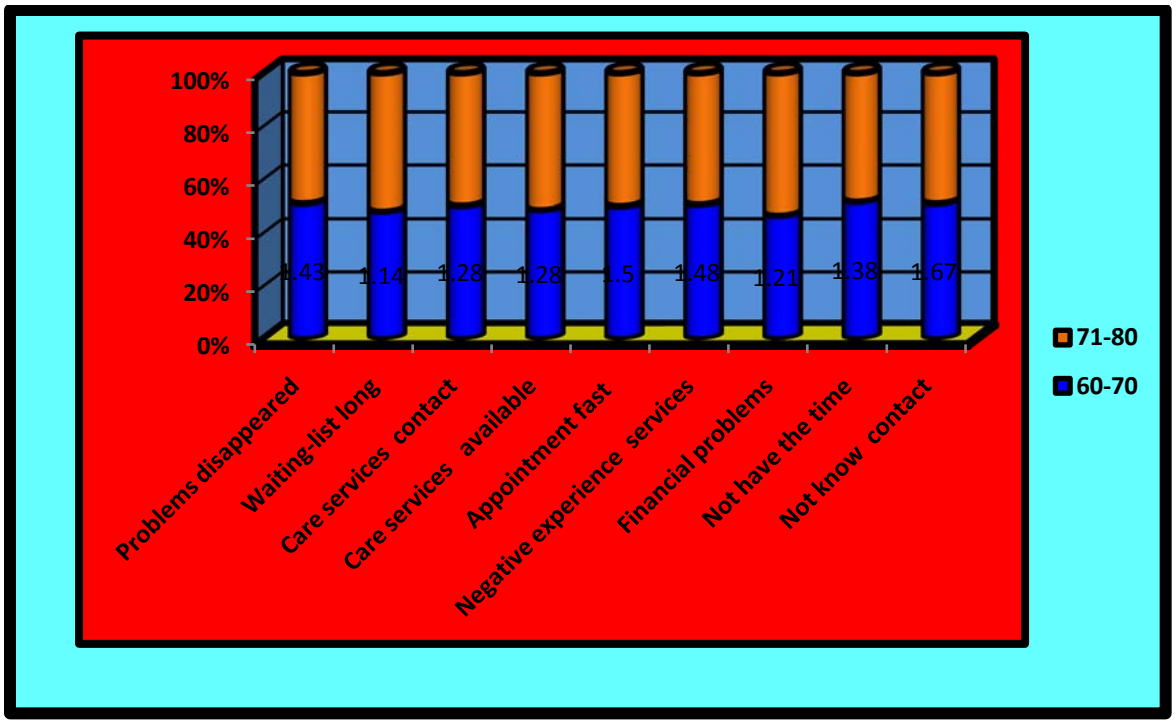


Fig no: 1 Using care services elderly across- Age.

Table no: 2- Using care services elderly across- Gender.

S.No	Parameter	Male Mean±SD	Female Mean±SD	F	P
	The problems disappeared	1.53±.504	1.45±.502	.206	.651
1.	**The waiting-list was too long**	1.39±.491	1.35±.482	.476	.491
2.	**The care services were difficult to contact**	1.51±.504	1.52±.504	.023	.880
3.	**The care services were not available**	1.67±.476	1.63±.487	.726	.396
4.	**I did not get an appointment fast enough**	1.60±.495	1.55±.502	1.031	.312
5.	**I had negative experience from previous services**	1.54±.503	1.65±.482	3.904	.051
6.	**I had financial problems**	1.72±.453	1.60±.495	7.517	.007
7.	**I did not have the time**	1.51±.504	1.53±.503	.188	.665
8.	**I did not know who to contact**	1.56±.501	1.61±.491	1.165	.283

(P<0.05=Level of highly significant)

Result depicted in table no.2-discussed that the difference between male and female not using to care services .Data revealed that P-value was found not highly significant (.880) in the table it mean that there is significant difference age of respondent not using of care service. These mean that null hypothesis is accepted. Which mean that not using care services may also very according to the male and female of the respondent?

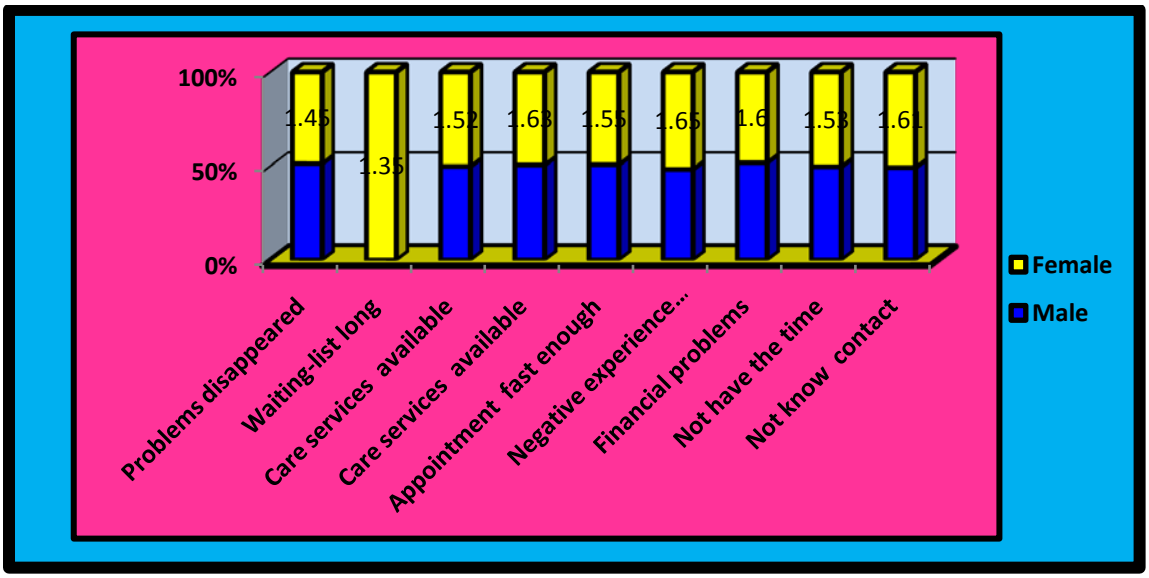


Fig no: 2 Using care services elderly across - Gender.

Table no: 3Awareness and knowledge of elderly suffer from disease across –Gender.

S.No	Parameter	Male Mean±SD	Female Mean±SD	'F'	' P'
1.	**Allergy**	2.37±.780	2.40±.718	.059	.808
2.	**Asthma**	2.28±.761	2.02±.725	3.863*	.002
3.	**Diabetes**	2.50±.770	2.35±.777	.963**	.000
4.	**Eye diseases**	2.85±.404	2.63±.637	.948	.028
5.	**Cardiovascular diseases**	2.10±.602	2.03±.780	.974**	.000
6.	**Liver diseases**	2.43±.698	2.22±.715	2.821	.096
7.	**Stomach/bowel diseases**	2.83±.493	2.70±.619	1.704	.194
8.	**Lung diseases**	1.98±.770	2.25±.680	4.045	.047
9.	**Cancer**	2.07±.252	2.03±.258	.513	.475

(P<0.05=Level of highly significant)

Result depicted in table no- 3 discussed that the difference between male and female elderly suffer from disease. Data revealed that p- value was found highly significant (.000) in the table. It mean that there is significant of respondent are suffer from cardiovascular disease and diabetes disease. These mean that null hypothesis is rejected. Which mean that are mostly males and females suffer from disease.

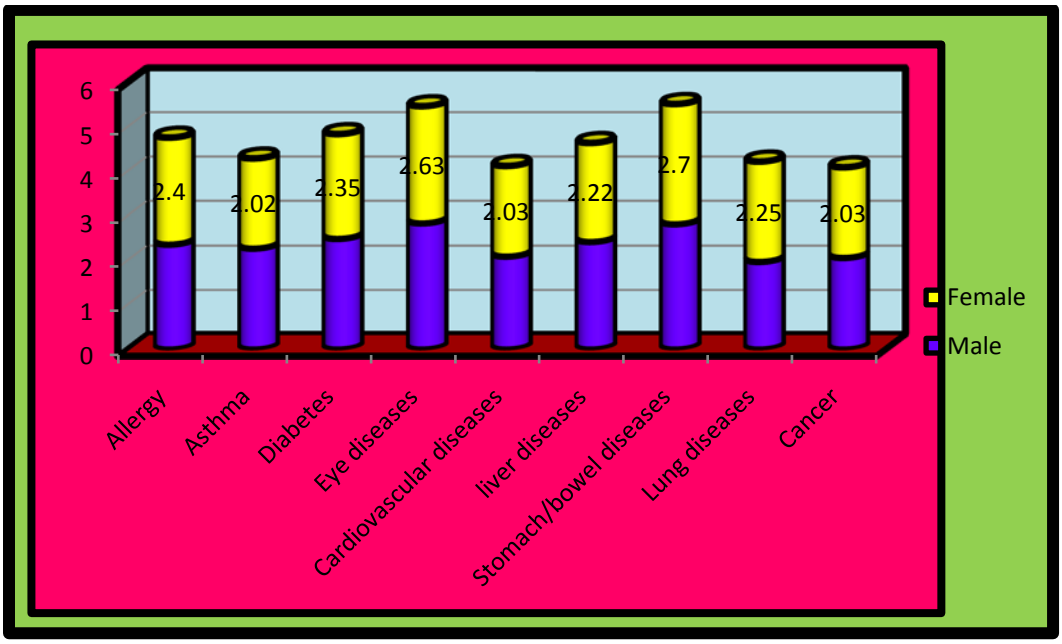


Fig-3 Distribution of the respondent on the basis of suffers from disease across-Gender

CONCLUSION

This study has revealed that majority of the inhabitants in this old age home were elderly suffering disease and majority of respondent using care services. And whose elderly live in with family and social support was good feel happy. More than half of the participant expressed a moderate disease wellbeing as per test scores. In many parts of the developing words, chronological time has little or no importance in the meaning of old age .Other socially constructed meaning of age are more significant such as the role assigned to older people ;in some cases it is the loss of roles accompanying physical decline which is significant in defining old age.

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Conflict of Interests

The author declared no conflict of interests.

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Gender and Age Related Difference in Attitude toward Caring For Elderly

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ABSTRACT

Developing nations in Asia are posed to experience a significant increase in the population of older adults living in their respective societies. Over the coming decades, India, the second most populous country in the entire world, is poised to experience a significant increase in its elder population. As a result there has been increased research on attitudes toward older adults. When one thinks of elder care, one typically thinks of it in terms of one's own family and country, older adults need family support and family care as well as support from the community. Thus, the purpose of this study was to examine the influence of gender and age on attitude toward caring for elderly in a culturally diverse country like India. There were 300 participants ranging in age from 25-35, 45-65 and 65+ who took part in the study. It was hypothesized that a) females as compared to males exhibit more favorable attitude toward caring for elderly greater anxiety, b) older respondents in comparison to younger respondents chow more favorable attitude toward caring for elderly. A survey method was used in this study and participants were required to complete the attitude toward caring for elderly scale and also give responses to some single measures items to show attitude toward caring for elderly.

Keywords: *Attitude toward Caring For Elderly, Gender, Age*

Ageing is an inevitable and irreversible physiological process that affects all body systems. Elderly or old age consists of age nearing or surpassing the average life span of human beings. 'National policy on Older Persons' (1999) defines 'elderly' as a person who is of age 60 years and above. As a result of increased life expectancy, the proportion of elderly population in the country is steadily raising. Projections suggest that India's elderly population will be double in size between 2001 and 2026, the elderly will account for 12.17 percent of overall population in 2026.1 The traditional Indian society and joint family system have been influential in safeguarding the social and economic security of the elderly people in the country. However, over the last decade, with the rapid changes in the social scenario and the emerging prevalence of

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nuclear family set-ups in recent years, the elderly people are likely to be exposed to emotional, physical and financial insecurity.

A 1984 World Health Organization survey of persons 60 years and older revealed that 72 to 79 percent of the respondents lived with their adult children (Andrews and others 1986). This means that the elderly may live in a kind of a symbolic relationship with family sharing, contributing and receiving. Within this topic, the most attention has been devoted to investigating the stress and burden often associated with providing care to frail older relatives.

The process of providing care to a relative can lead to both positive and negative consequences. Negative outcomes typically include depression, anger and anxiety. However, physical health and immune function can also be affected by prolonged stress. Although not often studied, many caregivers find providing care to be immensely rewarding, feeling that their relative is receiving the best care possible or that the support they give now is a natural outgrowth of a positive relationship history.

However, the situation for the last two decades has been changing and it certainly different today. There is considerable mobility due to job opportunities and through marriage. Adult children move out and away from their parents. Parents of adult children are naturally aged are growing older. Houses are getting smaller, so are the intentions of adult children for keeping parents in the same house. Though on the positive side it may be said that some young do continue to support elderly parents financially and seek their blessings, advice and support. It is only when the elderly suffer from chronic disability and a diminished capacity for self-reliance that their adult children may find it difficult, especially in the urban areas. Finally, background characteristics of the care giving context, such as care giver's, and care recipients, age, sex, ethno-cultural background and economic resources are also important for the care giving/receiving experience.

Based upon such logic two hypotheses are formulated and tested in the present study. These are:
H_1: Women, in comparison to men, exhibit more favorable attitude toward caring for elderly.
H2: Older respondents in comparison to younger respondents have more favorable attitudes toward care and support for elderly.

METHOD

Design

The sample was divided into six groups by using the two classificatory variables of respondent's sex (male and female) and age (25 to 35 years, 45 to 65 years and 65+ years). All other variables were then examined as dependent variable through 2x3 ANOVAs to assess if significant variations exist among the groups due to sex and age.

Sample

A purposive sample of 300 respondents living in Lucknow was used for the present study. Half of these were males, the other half, females. Inclusion criteria consisted of having completed education till at least graduation, not being diagnosed with any illness at the time of the study and belonging to the middle socioeconomic status. The male and the female respondents were further subdivided into four age groups of 25-35 years, 45-65 years, and 65 years and above. In male sample 75% were graduate, 50% were post graduate and 25% were doing some professional courses whereas in female sample 95% were graduate, 45% were postgraduate and 10% were doing some professional courses. All of them were married and employed and their income lies in the range of 10.000 to 30,000

Variables and Measures

Two sets of variables were used in the present study. The first set consisted of the classificatory variables of sex (males vs. females) and age (25-35 years, 45-65 years and 65+ years). These two variables together led to a division of the sample into six subgroups of 'young', 'middle-aged', and 'old' males and females.

The other set of variable consisted of the 'dependent' variable of attitude toward caring for elderly. This scale consists of 17 items selected from Attitude toward Caring for Elderly Scale developed by Klein (1992). This scale is used in the present study to measure the filial obligation in adults toward their aged parents. Participants indicated their responses to each of the 17 items on a 5 point Likert scale ranging from 1 (strongly agree) to 5 (strongly disagree). Total score on this scale ranges from 5 to 85. Also a set of questionnaire were administered to elicit respondents' narratives to explore their constructions regarding various aspects of old age. Some open ended single item measures were used to draw out narratives about general attitude toward caring of elderly.

Procedure

The questionnaires were administered to take the responses regarding attitude toward caring for elderly along with demographic sheet. Also a questionnaire was constructed which contain some single measure items to elicit respondents orientation towards attitude toward caring for elderly in general. A Hindi version of these questionnaires was prepared using the back translation method. Data were collected by administering the questionnaire in face-to-face personal interviews with the respondents. Respondents' narratives were then content analyzed.

RESULTS

Table 1.1 Support /help that old people receive

		Males				Females				
		1	2	3	4	5	6	7	8	9
No.	Category themes	25-35 Years	45-65 Years	Above 65 Years	Total Male %	25-35 Years	45-65 Years	Above 65 Years	Total female %	Total %
1	Son	80.00	50.00	30.00	53.33	50.00	60.00	44.00	51.33	52.33
2	Daughter	40.00	90.00	96.00	75.33	76.00	92.00	94.00	87.33	81.33
3	Other family members	10.00	20.00	10.00	13.33	30.00	20.00	16.00	22.00	17.66

Table 1.1 highlights adult respondents' views regarding the support or help that elderly people usually receive. It is seen that 96 percent of the old males (above 65 years) reported that old people receive more help and support from their daughters than from their sons. Among females also daughters are perceived as more important caregivers in comparison to sons and other family members.

A comparison of all males vs. all females (columns 5 and 10) shows that females, as compared to males, more often identified daughters rather than sons as potential persons giving support and help to their older parents.

Table 1.2 Help/Support by old parents

		Males				Females				
		1	2	3	4	5	6	7	8	9
No.	Category themes	25-35 Years	45-65 Years	Above 65 Years	Total Male %	25-35 Years	45-65 Years	Above 65 Years	Total female %	Total %
1	Giving advice	50.00	60.00	70.00	60.00	84.00	88.00	76.00	82.66	71.33
2	Caring Grand children	94.00	96.00	86.00	92.00	80.00	90.00	88.00	86.00	89.00
3	Offering financial Support	96.00	80.00	94.00	90.00	90.00	74.00	92.00	85.33	87.66
4	Sharing some house hold chores activities	92.00	84.00	76.00	84.00	94.00	84.00	82.00	86.66	85.33
5	By providing guidance	70.00	74.00	70.00	71.33	64.00	60.00	66.00	63.33	67.33

Table 1.2 describes perceptions about the kind of help or support that old parents provide to their younger generation. From the table it can be seen that the important areas where in old people are perceived to be useful are giving advice, caring for grand children, offering financial support, sharing house hold chores/ activities and providing guidance. Cell entries suggest that males in the middle age group (45-65 years) and also the youngest age group (25-35 years) listed caring for grand children as an important help or support that could be provided by older parents.

Besides highlighting caring for grand children, a good percentage of females (87.66 and 85.33%) think that other important ways for old people for being useful are extending financial support and doing some household activities.

Table 1.3 Help/Support by young people

		Males				**Females**				
		1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
No.	**Category themes**	**25-35 Years**	**45-65 Years**	**Above 65 Years**	**Total Male %**	**25-35 Years**	**45-65 Years**	**Above 65 Years**	**Total female %**	**Total %**
1	Financial support	60.00	50.00	40.00	50.00	58.00	-	30.00	29.33	39.66
2	By caring old people needs	88.00	94.00	90.00	90.66	96.00	86.00	84.00	88.66	89.66
3	By listening them	70.00	74.00	80.00	74.00	88.00	64.00	72.00	74.66	74.66
4	Spend more time with old parents	94.00	80.00	96.00	90.00	90.00	74.00	92.00	85.33	87.66
5	Physical support	64.00	76.00	66.00	68.66	64.00	60.00	76.00	66.66	67.66
6	Emotional support	92.00	90.00	64.00	82.00	96.00	74.00	70.00	80.00	81.00

Data on how younger people support their older parents are presented in table 1.3 The important themes on this item correspond to financial support, caring for old people's needs, listening to them, spending time with old parents and providing physical and emotional support to them. A majority of respondents (88.66 percent to 90.66 percent) said that younger generation could provide support to their older parents by caring for their needs.

Emotional support and spending more time with older parents were considered other important ways of providing support by young people to their older parents.

Table 1.4 Old parents as a source of burden

		Males				Females				
		1	2	3	4	5	6	7	8	9
No.	Category themes	25-35 Years	45-65 Years	Above 65 Years	Total Male %	25-35 Years	45-65 Years	Above 65 Years	Total female %	Total %
1	No burden at all	100.00	100.00	100.00	100.00	96.00	100.00	100.00	98.66	99.33
2	A little burden	-	-	-	-	4.00	-	-	-	-
3	Moderate burden	-	-	-	-	-	-	-	-	-
4	Lot of burden	-	-	-	-	-	-	-	-	-

Adult respondents were asked to indicate the extent to which caring for old parents is a source of burden. Cell entries in table 1.4 suggest that for all age groups of male and females, caring for old parents was reported (at least verbally!) to be a 'no burden at all'. Hundred percent of the total male and female respondents agreed that caring for their parents is not a burden for them.

Table 1.5 Caring of older parents as a source of satisfaction

		Males				Females				
		1	2	3	4	5	6	7	8	9
No.	Category themes	25-35 Years	45-65 Years	Above 65 Years	Total Male %	25-35 Years	45-65 Years	Above 65 Years	Total female %	Total %
1	Not at all	-	-	-	-	-	-	-	-	-
2	A little satisfaction	20.00	10.00	-	-	-	-	-	-	5.00
3	Moderate satisfaction	10.00	10.00	-		6.00	4.00	-	-	7.5
4	Lot of satisfaction	70.00	90.00	100.00	-	94.00	96.00	100.00	-	91.66

An attempt was next made to assess the extent to which caring for the older parents could be a source of satisfaction for their children. Table 1.5 contains data on this dimension. From the cell entries it is clear that 91.66 percent of all males and females in various age groups reported that providing care for their older parents would lead to a lot of satisfaction for them.

Table 1.6 Responsibility for caring for older people

		Males				Females				
		1	2	3	4	5	6	7	8	9
No.	Category themes	25-35 Years	45-65 Years	Above 65 Years	Total Male %	25-35 Years	45-65 Years	Above 65 Years	Total female %	Total %
1	Old people themselves	50.00	30.00	70.00	50.00	56.00	40.00	80.00	58.66	54.33
2	Their children	70.00	90.00	50.00	70.00	90.00	92.00	40.00	74.00	72.00
3	Some NGO	40.00	24.00	40.00	34.66	30.00	20.00	10.00	20.00	27.33
4	Government	76.00	80.00	84.00	80.00	40.00	50.00	70.00	53.33	70.00

Percentages corresponding to who is responsible for caring for older parents are contained in table 1.6. These percentages suggest that as compared to older and younger generations, the middle aged males think that children are responsible for caring for their old parents. Many older males (84%) responded that government is responsible for caring for older people. Among females the middle aged ones more often thought that children are responsible for caring for their older people.

Finally, column 9 represents that 72 percents of the total sample reported that children are responsible for caring of their older parents.

Table 1.7 Attitude toward caring for elderly

A. Means and SDs

Age		Male	Female	Total
25-35 years	M	45.72	45.72	45.72
	SD	2.466	2.466	2.454
45-65 years	M	51.86	51.86	51.86
	SD	10.087	10.087	10.036
65 & above	M	44.68	49.52	47.10
	SD	2.773	7.200	5.948
Total	M	47.42	49.03	48.23
	SD	6.935	7.678	7.349

B. Summary ANOVA

Source of Variation	SS	DF	MS	F	P
Age	3075.387	2	1037.693	22.623	-
Sex	195.213	1	195.213	4.256	<.001**
Age x Sex	390.427	2	195.213	4.256	<.001**

C. Graphical presentations of Means

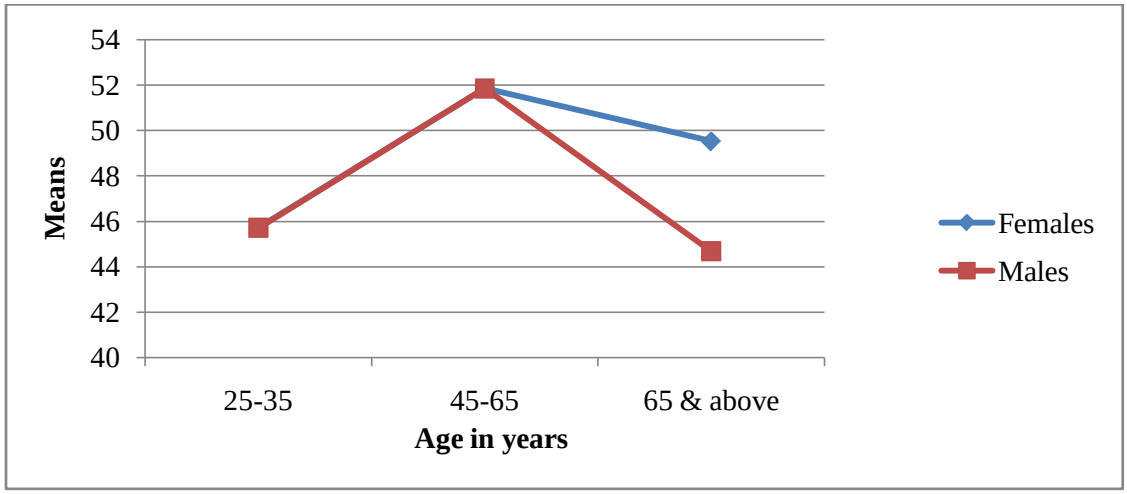

Table 1.7 contains findings regarding **Attitude towards caring for elderly.** Part B of the table shows that significant main effect of age is significant on this variable. Means for middle respondents are greater than younger and older respondents (Means= 51.86, 45.72 and 47.10, F=22.623, p<.001). Middle age groups have more positive attitudes toward caring for elderly than do those in the younger and older age groups. A lot has to be done toward teaching and socializing the younger populations and prepare them for caring for elderly. A lot also has to be done to teach older respondents about maintaining a positive outlook and a healthy active life even during the twilight years.

DISCUSSION

Gender related difference

"In comparison to men women exhibit more favorable attitudes toward caring for elderly".

In the present study 87.33% female and 75.33% male reported that "Daughters are the main caregiver that gives maximum support or help to elderly parents" for the statement "support or help that old people receive".

There was no gender differences found between males and females on attitude toward caring for elderly. The 2x3 ANOVAs showed that in comparison to men, women were more favorable to deliver care and support to elderly (Mean = 47.42 and 49.03, F=4.256, P<.01).

Thus the second hypothesis that in comparison to men women exhibit more favorable attitudes toward caring for elderly is only partially confirmed by the findings of the present study.

The growing number of aged population as a result of the increase in the life span of the individuals and the continuing preference of older persons to stay with their young are some of the reasons which led to the emergence of care giving as an important aspect of the family life (Bali, 1999). In India, home based care with family members as primarily caregivers still remain as the first and often the only option for a majority of the elderly (Puri 2004). So the most common type of living arrangement for the elderly in India is found to be living with married sons and their families (Prakash, 1999). In the Indian culture birth is not purely a biological birth. From the birth a child is indebted (whether daughter or son) with three duties: service of elders of family and society, duties towards God, and duties towards wiser persons. So service of parents (or elderly persons in family) is one of the important duties in Indian culture for both men and women. Manusmriti says that "one who always serves and respects elderly is blessed with four things: long life, wisdom, fame and power**".**

The qualitative data analysis revealed that daughters are the main caregivers that give maximum support to their parents. It is found that women are traditionally the main caregivers in Indian families (Prakash 2001, 1999). Daughters are widely considered to be the appropriate people to care for elderly parents (Evans 1996) and have been the main source of elder care (after spouses). Brody (1990) has described women who are caught between the demands of caring for the older and the younger generation as well as be part of the paid workforce as "women in the middle". They take on responsibilities for caring for their partners their adult children who are staying at home longer, and also care for grandchildren as and when their daughters-in-law work. Keeping a job themselves and providing elder care women are the most active members of kinship networks and play a "Kinkeeping" role (Rosenthal, 1985). Daughters are regarded as more appropriate than sons as carers (Evans 1966) and it is argued that they are brought up with an ethnic care (Gilligan, 1982; Tronto 1987) and develop greater relational capacities than sons (Choderow, 1974, 1978). Accordingly, women might be expected to shoulder the responsibility of families to care for older parents more than do men.

Age related difference

"In comparison to younger respondents older respondents have more favorable attitudes toward care and support for elderly".

Most of the available published literature shows that older respondents deliver more care and support than their younger counter parts. The sixth hypothesis referred to older respondents

being more sensitive towards caring and supporting their elderly as compared to younger respondents".

100% of the sample irrespective of their age or sex reported that "older parents are not a burden for them". The respondents also agreed with the statement that "caring for old parents gives a lot of satisfaction to them". As compared to older and younger respondents, middle aged respondents in the present study show more favorable attitudes toward caring for elderly. The 2x3 ANOVA results revealed that in comparison to younger and older respondents, middle aged respondents (Mean = 51.86, 45.72 and 47.10, $F= 22.623$, $p<.01$) showed more favorable attitudes toward caring for elderly.

Thus the sixth hypothesis which stated that "In comparison to younger respondents older respondents have more favorable attitudes toward caring for elderly" is only partially supported by the findings of the present study. Only the middle aged was found to have more caring attitudes for the elderly.

Older and younger people both give emphasis on the importance of their children being around and maintaining contact with them, feeling obligated to do things for them. These older parents seem to want to be with their children but not to be a burden to them. When the question "who is responsible for caring for older people" was asked, the respondents in the younger, middle as well as the older generation reported that children are the major source who are responsible for caring for their older parents. Similarly, the question of whether 'Adult's responsibility is more towards their own children or else their old parents' 100% of the respondents reported that they are equally responsible for their children as well as their parents. Thus, at least, at the cognitive level, younger generation also is found to verbalize their responsibilities towards their older parents.

Filial responsibility is conceptualized as a societal attitude towards the duty of adult children to meet the needs of their aging parents (Seelbach, 1981; Walker et. al., 1990). These attitudes relate to the felt duties of adult children and to the attitudes of elderly individuals regarding the obligations of young family members to care and protect their elderly parents (Hanson, Seelbach and Seelbach, 1983). Horowitz and Schindelman (1983), relying on the exchange theory, argue that filial responsibility stems from the feeling of gratitude that adult children feel towards their parents for raising them and caring for them. This feeling of indebtness motivates them to reward and repay their parents, and thus express their gratitude for all that was done for them over the years. Families, and especially adult children, have traditionally been expected to be the main source of support for elderly people. Filial obligation to elderly parents and their care is a very important religious and moral commandment in India, perhaps much more than in other societies, and includes provision of material and financial assistance as well as instrumental help (Linzer, 1986 & Sapp, 1996). The young adults know that they have to take care of their children

and help them enter to live comfortable lives even in old age. However, at the same time, they are also aware that assisting their parents in old age would be difficult because of simultaneous demands from their wives and children and their preference for being independent and away. They expressed that their parents are the greatest strength for them.

So the findings of the present study showed that younger respondents also endorse care and support to their parents as is endorsed by the older respondents. Thus the hypothesis that younger respondents have less favorable attitudes toward caring for their elderly is not supported. To what extent such a response is determined by the social desirability concern however could not be ascertained within the scope of the present study.

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The author declared no conflict of interests.

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Prevalence of Social Phobia among School Going Adolescents

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ABSTRACT

Context: Little is known about the prevalence of social phobia among school going adolescents in North East states of India. Despite the wide prevalence of social phobia, individuals with social phobia often do not seek treatment and this lead to impairment on daily activities. ***Aim:*** To assess prevalence of social phobia among school going adolescents. ***Methods and Material:*** The present study was a cross sectional descriptive study design. Schools were selected from urban areas of Sonitpur district, Assam. Socio demographic data sheet; The Liebowitz Social Anxiety Scale (LSAS) and The Social Phobia Inventory (SPIN) were administered to the participants. The statistical analysis was done using SPSS-16 statistical software using appropriate statistical test. Percentage, chi-square test and person correlation test was done. ***Results:*** A total of 561 students participated in the study. In the study 14.6% of the participants had moderate level of social anxiety, 12.8% of the participants had marked social anxiety and 2.5% of the participants had severe social anxiety. Results from the present study showed that 38.3 % of the participants reported to have social phobia and 61.7 % of the participants were found to be below cut off score (normal).Further in the study no gender difference was found in social phobia. ***Conclusion:*** The study shows that there is a prevalence of social phobias among school adolescents in Tezpur, Assam. Therefore, early detection and adequate intervention is crucial to reduce overall burden and disability associated with psychiatric disorder in adolescent population.

Keywords: *Adolescent, Social Phobia, Social Anxiety*

Social phobia is a common anxiety disorder in adolescents, and findings from wide range studies suggest that prevalence rates of social phobia among children and adolescents is from 3% to 6.8% in clinical settings and 5% to 9% in community studies surveys [(1-7)], though prevalence rates are varying due to methodological and cultural reasons as well as due to age groups studied

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[8-10]. National Institute of Mental Health [11] stated that the onset age of socio phobic symptoms is mainly in early adolescence. In India the prevalence of overall psychiatry morbidity (depression, conduct disorder, social anxiety and panic disorder) among adolescents has varied from 12 to 16.5 per cent [12-13]. In the context of social phobia very few studies have been conducted in India .Chhabra et al. [4] conducted a study to assess the prevalence of social phobia in school- going adolescents in an urban area and it was found that the prevalence rate be 10.3%, in which 5% belonged to the moderate category, 4.3% to be marked 0.7% to the severe phobia in adults. Female showed a higher incidence of social phobia when compared to males and in the age group of 14-15 years had a higher incidence of social phobia than those aged p 16-17 years. Similarly, P Shah and Kataria [14] reported the prevalence rate of social phobia was 19.5% among young adults. The present study aims to find the prevalence of social phobia among school going adolescents in Tezpur, Assam, as there is dearth of literature in North East States of India .Despite the wide prevalence of social phobia , it has been found that people with social phobia often do not seek treatment . This leads to impairment on daily activities, significant disability in work functioning, family and social life, affecting academic performance, social and interpersonal domain of an individual and results in poor quality of life [15-16]. Thus a school based survey was conducted to assess the prevalence of social phobia among school going adolescents.

Aim

- To find out the prevalence of social phobia among the school going adolescents.

Objectives

- To assess the prevalence of social phobia among the school going adolescents.
- To see the gender difference in prevalence of social phobia among the school going adolescents

SUBJECTS AND METHODS

The research design of the study is cross sectional descriptive design. Three private schools were selected in Tezpur municipality, Sonitpur, Assam using convenience sampling technique. School adolescents in the age range of 13-1 7 years who were willing to give consent were included in the study. Total enumeration method was used for selection of sample. The total number of school going adolescent population in all the three schools was 561. Participants who did not meet the age criteria and those who did not complete the Performa were excluded (n=47). Finally, 514 participants were taken for data analysis. The study was under taken with the approval of the scientific committee and ethical committee of LGB Regional Institute of Mental Health, Tezpur Assam, India .The participants were been assured confidentiality. The participants were clearly explained the purpose and procedure involved in the study.

Statistical analysis

The statistical analysis was done using SPSS-16 statistical software using appropriate statistical test. Percentage, chi-square test and person correlation test was done.

Tools for data collection

1. **Socio-Demographic Performa:** In the socio demographic Performa consisted of age, sex, education and religion of participants.
2. **The Liebowitz Social Anxiety Scale (LSAS)** [(17)]: The Liebowitz Social Anxiety Scale (LSAS) developed by Michael Liebowitz rates fear/anxiety and avoidance on 24 commonly feared "performance" or "social" situations. There are 13 performance-related items and 11 social-related items which are rated on a 0 to 3 spectrum (0=none/never, 3=severe/usually). The LSAS has good internal consistency and the score evaluates degree/severity of fear and avoidance in common social situations as mild (<55), moderate (55-64), marked (65-79), severe (80-94) and very severe (>95). The Cronbach alpha for the fear/anxiety domain was 0.88 and for the avoidance domain was 0.87.
3. **The Social Phobia Inventory (SPIN)** [(18):] The Social Phobia Inventory (SPIN) by K. M. Connor is a short, easily administered self-rating scale that captures the spectrum of fear, avoidance and physiological symptoms. It is a 17-item scale and each item is rated from 0 (not at all) to 4 (extremely). The scale ranges from 0-68. A score of 19 and above suggests social phobia. It demonstrates good test-retest reliability, internal consistency, convergent and divergent validity and can be used as a measurement for the screening of and treatment response to social phobia. It has a sensitivity of 73-85% and a specificity of 69-84% in regard to diagnosis of social phobia. The Cronbach alpha is 0.85.

RESULTS

Table (1) shows that the mean age of the participants was 14.37 years. In the study 52.7% were males and 47.3 were females. More than half (54.1%) were in class IX, majority (87.2%) of the participants were Hindu by religion (87%), followed by Muslims (9.5%) and Christians (1.9%).

Table (2) shows that 30.7 % of the participants reported to have social anxiety in which 14.6% of the participants had moderate level of social anxiety, 12.8% of the participants had marked social anxiety, 2.5% of the r participants had severe social anxiety and 0.8 % had very severe social anxiety .The social phobia inventory (SPIN) showed that 38.3 % of the participants had social phobia and 61.7 % of the participants scored below the cut off score indication of absence of social phobia **(**Table 3). Table (4) shows that 51.3% of the male and 39.5% of the female had social phobias, when chi-square was computed no significant gender difference was found (χ^2 = 2.718.58; p =.603).Table (5) shows that age has a negative correlation with social anxiety score(r=.083) and age significant negative correlation with social phobia score (r=-.110, p<.0.05).

Table-1: Distribution of socio demographic details of participants

Socio Demographic Details		**N= 514**
Age	**Mean**	**SD**
	14.37	.801
	Variables	**Frequency N (%)**
Gender	Male	271 (52.7)
	Female	243 (47.3)
Education	Class VIII	77 (15)
	Class IX	278 (54.1)
	Class X	159 (30.9)
Religion	Hinduism	448 (87.2)
	Islam	49 (9.5)
	Christianity	10 (1.9)
	Others	7 (1.4)

Table-2: Prevalence of social anxiety among the participants

Category	**Frequency**	**Percentage**
Below the cut off/Normal	356	69.3
Moderate Social Anxiety	75	14.6
Marked Social Anxiety	66	12.8
Severe Social Anxiety	13	2.5
Very Severe Social Anxiety	4	0.8

Table3: Prevalence of Social Phobia among participants

Variables	**Absent**	**Present**
Social Phobia	317 (61.7%)	197(38.3%)

Table-4: Gender difference in Social Phobia Inventory (SPIN)

Variables		**The Social Phobia**		**Chi-square**	**P-value**
		Absent	**Present**		
Gender	Male	170 (53.6)	101 (51.3)	.271	.603
	Female	147 (60.5)	96 (39.5)	.	

Table-5: Pearson's correlation of age with Social anxiety & Social Phobia

Correlation	Social Anxiety	Social Phobia
Age	-.076	-.110*

*P<.0.05

DISCUSSION

Major part of children and adolescents lives are spent in school environment and many adolescents can experience anxiety in school setting[14-16]. In our study we found that 30.7 % of the participants reported to have social anxiety in which 14.6% of the participants had moderate level of social anxiety, 12.8% of the r participants had marked social anxiety, 2.5% of the participants had severe social anxiety and 0.8 % had very severe social anxiety (Table 2). The prevalence found in the current research is higher than in previous research conducted in India .Chhabra et al. [4] reported that incidence of social anxiety in school going children under the age group 14-17 years was found out to be 10.3%, in which 5% belonged to the moderate category, 4.3% to the marked, 0.7% to the severe and 0.3% to the very severe social anxiety category. Results from the present study (Table, 3) showed that 38.3 % of the participants reported to have social phobia based on social phobia inventory (SPIN). Studies suggest social phobias are present among children and adolescents [**1, 2, 4**].

We did not find significant gender difference in social phobia, (male =51.3%, female= 39.5%, $\chi 2 = 2.718.58$; p =.603) (Table 4).Turk et al. [22] found no gender differences in history of social phobia and social phobia subtype as similar to our studies .Various other studies how ever reported gender difference in social phobia [23,-26]. The rationale for no gender differences in social phobia in the present study may be due to cultural role expectations, in the Assamese community. In the north east region of India women enjoyed greater freedom and respect when compared with their counterparts in the country. Women in the region have gender equality, [27-28]. In north east India, the different roles that are attributed to both male and female are socially and culturally determined and influenced by traditional practices, institutions, customs and beliefs[29].In the study it was found that shows that age has a negative correlation with social anxiety score(r= -.076) and age significant negative correlation with social phobia score (r=-.110, p<.0.05). (Table 5).Studies have reported that thee mean age of onset of social phobia is between 12 and 16.6 years and the onset of social phobia after the age of 25 is rare [30 - 32]

LIMITATION

The study was carried out in three private schools in Tezpur town, Sonitpur district Assam. Hence this result cannot be generalized. Further, we do not have rural representations, which limit the findings. Rural and urban comparison could have yielded in a better result. Another limitation was the small sample size. Areas likes' behavioral inhibition (BI) could have been

included in the present study as it is believed that temperamental factors are precursor for development of social phobia.

CONCLUSION

The study shows that there is a prevalence of social phobias among school adolescents in Tezpur, Assam. There is no gender difference in prevalence of social phobia among school children. .Schools should have standard operation procedures in place to periodically screen adolescents for mental health related issues. Teachers, parents and all stake holders in education need to be sensitized by trained in adolescent health and mental health. Action oriented and intervention research should be taken up by mental health professionals to develop models of psycho social interventions for adolescents with health and mental health. Therefore, early detection and adequate intervention are crucial to reduce overall burden and disability associated with psychiatric disorder. Therefore, attention to adolescent social phobia and its impact are critical in facilitating prevention and early intervention

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Conflict of Interests

The author declared no conflict of interests.

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Religious Identity and Identity Diffusion in Romantic Relationships: Exploring Married Women in Inter-Religious Context of India

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ABSTRACT

Identity is the most widely studied concept in the field of psychology and sociology. The concept of identity has many variables contributing to its formation such as social, culture, religion etc. Religion plays important roles when it comes to determining the identity of the individual holistically. Since childhood an exposure to a particular religion helps the individual form their religious identity thus when the individual is introduced to a culture and practices of another religion they can experience confusion or diffusion. When women are married into another religion they are more likely to be exposed to the cultural and religious practices of their spousal family's religion thus they can experience identity diffusion. James Marcia explained the concept of identity diffusion as a hallmark of lack of commitment, basically it is the confusion experienced by the individual within their religious identity when exposed to another religion. This study aims to understand the religious identity of women of inter-religious marriages in India. The study also aims at understanding whether the exposure of a new religious culture and practices has caused diffusion in their identity. It is an explorative qualitative research design which uses thematic analysis to study the responses of 6 females who have engaged into inter-religious marriage.

Keywords: *Religious Identity, Identity Diffusion, Inter-Religious Marriages & Females*

"*Anyone who thinks sitting in church can make you a Christian must also think that sitting in a garage can make you a car*." –Garrison Keillor

The individuals who get into an alliance of marriage have to adjust with each other for years to come, however if there is an inclusion of religion or culture into these set of adjustments then that adds one more dimension to the process of developing a strong bond between the couple. Based on the data collected by pew forum on religion and public life, 37% of the American citizens have engaged in marital alliance with someone from a different religion. While

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According to "Dynamics of Inter-religious and Inter-caste Marriages in India", which used data taken from the 2005-2006 "National Family Health Survey of 42,183 people in 29 states, 2. 1 percent of marriages in India were inter-religious (Das, Tripathy, Das & Roy, 2015)."

In an Indian society the religion plays a very vital role in the development of the individual and his/her identity. Most of the people born in this society tend to swear by the roles expected out them by their religion and experience distress or discomfort when they do not fulfil their roles (Canada Immigrant and refugee world, 2012) Thus both the partners have to ponder upon their dedications towards their faith and decide whether this is a very important factor which will affect and have an influence on their future relationship or will it not (Harris, 2012). If the religion does play a major role in their lives then it may be a root cause for several major arguments and disagreements in the future (e. g. the faith of the child). If the religion doesn't play any importance to the couple, then they will have same amount of issues like those who share the same denomination of religion. Inter religious marriages are marriages that involve individuals who follow two different religions (e. g. Hindu-Muslim, Muslim-Christian, Hindu-Christian etc.) (Gross,1991) According to Lawlor inter-religious marriages have 50% more chances of failure and divorce than same religion marriages.

Thus based on the above mentioned studies and findings there has been a link between religion and identity formation within individual. Also there are many issues within the inter-religious marriage setting.

Issues within inter-religious marriage

A few issues that couples with diverse religions need to manage are, for instance, fluctuated religious practices, religious convictions and laws, family issues, premature birth, anti-conception medication, manual sperm injection, nourishment readiness, sexual forbearance, the head or force of a marriage, settling on choices including their youngsters, and some more. In the event that the individual or his/her accomplice is not eager to concentrate on the same confidence, then resistance of diverse qualities and religions, duty, and obligation is vital in this sort of marriage; else, it is truly hard to seek after this relationship in light of the fact that managing distinctive purposes of perspectives and convictions is a major stride in a married couple's life (Ho, 2004)

One of the principle clashes brought by the birth of a child within the marriage. There are circumstances where a few with diverse religions have children who haven't built up their religious identity, however when that minute comes, a mutual decision needs to be made about the child's religious identity. The child will be included between two distinct religions and the parents will be the ones accountable for examining and contending about it (Harris, 2012).

Religious Identity

Religion is one domain in which people tend to undergo patterns of change, both between childhood and adulthood and across the adult lifespan, but little is known about the influence of religion on development of identity. For many, religion is an important factor in formation of social identity and association with religious groups are among the most basic and central sources of social identity. There are evidences which state that an individual's stronger mental health is strongly affected by his/her social identities especially the religious identity, and their expectations about their religious group. However, religious identity can also be quite complex, because of the complexity of religion itself. The hierarchy that is a part of many religious institutions can cause the complexities in the formation of the identity (Greenfield & Marks, 2007).

Moreover, religion includes not only identifying with the group but also the individual's overt and covert behaviours and how much do they actually believe in what they do. "The relative importance of these elements varies between religions and cultures contributing to even greater complexity of identities" (A. B. Cohen, 2009) individuals have different level of social identities based on their level and dedication towards the group, beliefs of religion and actually performing the roles expected out of them. Some may only identify with the religion without actually Similarly, one may perform activities—like prayer or meditation—or hold a set of beliefs that one perceives as religious, without identifying with a particular religious' organization.

Such individuals might be described and see themselves as part of the category "religious person," and continue to derive positive social identity from their religion through identification with this relatively abstract group. Because religious behaviour has generally been found to follow a nonlinear trajectory over the life course, being relatively high through early adolescence, then dropping off precipitously before beginning an increase again in middle adulthood that continues into old age these multiple forms may make it easier for individuals to maintain a sense of temporal congruence in their religiousness. That is, one can continue to think of oneself as "religious, "based on category identification or beliefs, even when one is not actively participating in religious activities (Levin and Taylor, 1997).

This study aims to view at the probability of religious identity of the individual with the help of Erik Erickson's psychosocial model. As this model is the best model to study the connections of the sub-themes emerging from the research and also the connecting points in the field of research.

Rationale

Religion has a major role in development of individual's identity which is seen in findings by Oppong (2013). This research studies the relation of religion and identity from the Durkheim's insight and the formation of identity and the ethnicity of the individual. In an Indian society,

religion is a major factor in determining the individual on a whole there have been no relevant researches conducted in this area and thus the current study aims at studying the religious identity in an Indian context.

Religion also plays a fundamental role in an individual's decision of marriage and thus has a foremost influence on it. Mainly the society is against the decision of marrying an individual from another religion or caste which is seen in study by Pue & Sulaiman (2013). Where the findings reveal that not only relatives and other family members are against it, even government bureaucrats create issues with couples who have been married in different religion or are planning on doing so.

This is seen in even in the Indian context in the study by Das, Das, Roy & Tripathy, (2011). The findings of this study reveal that only 2. 1% of the population have engaged in inter-religious marriages. Thus the current study aims to study this population and also the religious identity of this population.

METHODOLOGY

Using convenient sampling technique 6 participants were interviewed using a semi-structured interview. They were given the freedom to choose their place of comfort and after a rapport session of 30 minutes the main interview was conducted. The interview conducted was to fulfil the objectives of the study which are: (i) To understand the existences of religious identity of married females in inter-religious marriages.

(ii) To study the possibility of identity diffusion within religious identity if exposed to another culture and practices.
A consent form was given at the beginning of the interview.

RESULTS AND DISCUSSION

The findings presented are on the basis of the analytical typologies: (i) Acceptance and (ii) conviction vs. confusion. The verbatim quotes from the participants are based on the commonalities found amongst their responses.

Table 1

Global theme	Organising theme	Basic theme
Acceptance.	Intra-personal Acceptance of new religious practices.	-Acceptance of the apprehension. - Denial of the Apprehension.
	Societal Acceptance	-Based on religion. -Based on age and skin complexion. -No issues with the decision.
Spousal family acceptance for decision of no conversion		-Supported (not asking to convert) -Didn't support (asked to convert)

Offspring's religion	-Personal decision -Offspring's choice -Husband's decision
Acceptance of offspring's marriage in other religion.	-- Acceptance of all religions. - Acceptance of certain religions.
Spousal family acceptance in the family.	-Acceptance of the individual over religion. -Acceptance of the traditions and culture.

1. Acceptance.

The theme acceptance in the study has many factors contributing to it each factor has been analysed and explored to give it a common one factor the following themes contribute together to form the major theme of decision making.

1.1 Intra-personal Acceptance.

When enquired about their decision of getting married into another religion even after years of marriage there was a mixed reaction. Out of the 6 participants interviewed, 2 of them agreed that they still do think about their decision of getting married in another religion. Here are their responses.

" yes, as living here is different than back home, also their ways are so different than ours like for example every Sunday we have to go to church while back home for us it was never a compulsion (to go to the temple) so it didn't matter. " (p.p.3, personal communication, 21december, 2015)

"yes, there are times where I feel left out in certain family rituals. I do think I wish I had married in my own religion. " (p.p.5, personal communication, 28 december, 2015)

Here, their thought of marrying into another religion are based on their experiences of being a part of certain rituals that they haven't been raised to during childhood eg going to church. Every once a week while the participant's maiden family didn't have the compulsion to visit a temple once a week. However in the case of the second participant the reason for wishing to marry into her own religion were the rituals where she mentioned that she felt left out and that led to giving a thought of her decision of marrying in another religion.

1.2 Social group Acceptance.

Marriages in India aren't just between two individuals but between two families and thus apart from the couple the extended family also needs to approve of the institution. The participant had varied answers.

1.2.1 Issue based on age and skin colour

One of the participant responded that family on the spousal side had an issue with her skin colour and the family on her side had an issue with the age difference between her husband and her, they thought that they aren't matured enough to decide about marriage following is the excerpt of her interview.

"the was only one I mean as of now will do the rituals and the second thing was I am a little dark. Parent's side was that he is younger to me so we are not matured enough and your and his thinking is different which I couldn't see at that particular point and then they knew he is a good person." (p.p.5, personal communication, 28 December, 2015)

1.2.2 Issue based on religiosity

There were two participants whose families had an issue with their decision of marrying into another religion one of them mentioned that her family thought that she was committing a sin by marrying into another religion but there were few who supported her decision too.

"There were definitely mixed reaction. mistake while some bucked me up" communication, 21 december,2015)

The other participant mentioned that there was an issue however since there were inter-religious marriages in her family so they knew about the rituals and cultures of the in-laws however the concern was eating habit since the in-laws were vegetarian.

"Yes, there were a little issue but then there are many of my aunts who have married into Hinduism so it didn't really bother much. My mom however had certain concerns about how I will adjust with the family and all. Also my in-laws are vegetarian so the issue was of that since I had been eating meat since childhood and now this." (p.p.4, personal communication, 26 December, 2015)

1.2.3 No issues with the decision

There was a participant whose family didn't have an issue with her decision of marrying into another religion.

"Not that I can recall or know of." (p.p.2, personal communication, 27 December, 2015)

1.3 Spousal family acceptance on the decision of not converting.

Almost all the participants mentioned that their spousal family was supportive of their decision of not changing their religion except one participant's family based on another person who agreed on converting however her decision of not converting was strongly supported by her husband the following excerpt is from her interview

*"Yes they did ask for conversion but my husband was very strong if she wants her take this decision doesn't force if she wants let her do anything. In-laws still feeling that I should convert because my husband's little brother also married a Hindu and they made sure that she gets converted and she converted so when they see that they insist why don't you do that so that we have a universal religion at home and there won't be any confusion."(*p.p.6, personal communication, 19 December, 2015)

1.4 Decision of children's religion.

The major question that is first raised when spoken about inter-religious marriage is which religious the children shall follow.

1.4.1 Personal decision

Most of the participants decided to baptise their child based on their personal decision which they had decided before marriage the following are the excerpts from their interview.

"Both my children, now aged 27yrs and 25 yrs were baptised when they turned 18, a personal decision by them, and totally supported by their father and me." (p.p.2, personal communication, 27 December, 2015)

"Taught about both religions even after being baptised but they decided on Christianity it's their choice because they are grown up and they have always been close to Christ its gods plans for them." (p.p.6, personal communication, 19 December, 2015)

"I said I need to baptised the child and they had to give in and I said he is here with prayers and even when we got married we had to sign a petition that all your kids will be catholics so they gave in because it happened according to me." (p.p.5, personal communication, 28 December, 2015)

"*Currently I am planning on getting at least one of my child baptised."* (p.p.3, personal communication, 21 December, 2015)

1.4.2 Decision depends on the husband.

One of the participant mentioned that she left the decision of her children's religion on her husband. However currently she has left the decision on her children and if they can't decide she will leave let the husband decide she said she is comfortable with either.

"It's up to them. They now say I am half Christian and half Hindu but somewhere they have to decide. First of all, I won't enforce anything on them if they are not able to decide at all then I will give the chance to my husband. So let him decide as I said I am not all strict if he says let

them be Christian I am fine and if he says let them be Hindu I am fine." (p.p.1, personal communication, 22 December, 2015)

1.4.3 Based on the children.

One of the participants has decided to let her child decide their religion when they feel so and currently she is inculcating the values of both the religions to her child.

"I would like my kids to follow both the Hindu and the Christian religion. I believe no religion is bad. When he/she is an adult, they would be free to choose what values to carry forward." (p.p.4, personal communication, 26 December, 2015)

1.5 Acceptance of offspring's marriage in another religion.

When questioned about their acceptance of their offspring's wish to marry someone in another religion apart from the one they have married in and the one they are following the responses varied in terms of acceptance of a third religion.

1.5.1 Acceptance of all the religions.

Three out of the six participants interviewed said that they would support their offspring if s/he decides to marry into a third religion the following are their responses.

"Yes. But only if the other family is as liberal and open minded as mine was." (p.p.2, personal communication, 27 December, 2015)

"Yes. Why not I've married in another religion why should stop my son from doing so? And honestly the family nowadays are really open minded and liberals so it doesn't matter. I think religion is just namesake." (p.p.3, personal communication, 21 December, 2015)

*"Yes. Definitely I would. I would love to have people of different cultures as a part of my family." (*p.p.4, personal communication, 26 December, 2015)

1.5.2 Acceptance of only few religions.

The other three participants said that they wouldn't have an issue if their child married in another religion but they did have an issue with certain religion as that is another ritual and practice altogether.

"If I were to decide I wouldn't want any new religion in the family as that would only create new issues." (p.p.1, personal communication, 22 December, 2015)

"Apart from a few religion yes I will be okay." (p.p.5, personal communication, 28 December, 2015)

"Another religion now what would say more from here. Ya I was just talking to him please don't get married to a Muslim it's not like I have anything against them its basically how you conduct yourself and I face so many issues I don't want him to face so many issues." (p.p.6,personal communication, 19 December, 2015)

1.6 Spousal family acceptance post marriage.

Since all of the participants have engaged in love marriage they were asked about their acceptance in the spousal family after marriage. The acceptance was based on two factors

1.6.1 Acceptance based on the individual

One of the participant mentioned that she was accepted by her individuality and the way her mother in law supported her during her initial time of marriage.

"I didn't know cooking and my mother in aw taught me cooking and making rot is the exact size she's very loving like that they never made an issue of me not having kids they didn't have any that thoughts but somewhere deep down they did have those things that somewhere if they had a better choice they would have chosen her that was there" (p.p.5, personal communication, 28 December, 2015)

1.6.2 Acceptance of traditions and values

The rest of the participants mentioned that they consider their acceptance based on the traditions and values of conduct and the manner the spousal family engaged in the rituals.

"They never objected to me continuing with my religion for instance my parents house we celebrate ganpati and get an idol home for 5 days and during those days they allowed me to fast and also visit them, they even accompanied me one day and accepted the prasad and all which made me feel really happy and nice. Even my mom who had doubts was assured that this wasn't a mistake" (p.p.3, personal communication, 21 December, 2015)

"My wedding was conducted with Hindu rituals. My in-laws participated in everything with true heart and without questioning us if they had an option to not participate. This made me even more confident that I will be able to keep my religious values." (p.p.4, personal communication, 26 December, 2015)

"Since they never asked me to convert that says it all that they are supportive towards my decision. And in terms of the rituals and all, all they ask me is to be there and pray if I want and

I do go to the temples and say my own prayers as after all god is one, these are just different names for the person's own convenience. And sometimes simple rituals they tell me how to do also that is if I want to do them. There is no force or anything." (p.p.5, personal communication, 28 December, 2015)

"I had lot of support from my own parents who are very devoted Catholics their prayers were very strong and I had only one bro in law who was like a kid to me so it was strong so we need had any issue we are a small family. We celebrated both diwali and Christmas and even had veg and non veg sat together and ate food together." (p.p.6, personal communication, 19 December, 2015)

"Not instances in every aspect they are supporting they never force or bring any fight they never I mean separate me its they who are coming forward an supporting, my delivery my mother in law my two deliveries my mother in law took care, when I was ill she came when I met with an accident she came to look after me. When I had to go abroad she came to look after the kids, then I had to write an exam she came to look after the kids so complete support from that side despite umm knowing that I am not of their religion and knowing that I am not yet plan to umm convert." (p.p.1, personal communication, 22 December, 2015)

The second major theme that emerged from the data is conviction v/s confusion. As the individual proceeded in the marital life with introduction of the new religion the cultural practices and rituals created a personal conviction and confusion within themselves.

Table 2

Global theme	Organising theme	Basic theme
Conviction v/s Confusion	Indulgence in religious practice.	-General practices.
		-Against their ideologies.
	Conflict against religious confirmation.	-No.
		-Yes.
	Balance of religious practices and family.	-Family not religious.
		-Festivities celebrations.
	Conversion.	-thought about it
		-havent thought about it.
	Personal conviction	-Maintenance.
		-Consideration.
	Adjustment issues	-Based on convictions.
	Second thoughts about marriage.	- Agreed
		-Disagreed

2. Conviction vs Confusion

The second theme that emerged from the data is conviction vs confusion here the participants has an influence of their childhood parental upbringing in determining their religious identities. The sub themes that formed the category of the global theme are mentioned in the following:

2.1 Indulgences in other religious practices and rituals.

The reaction for this statement was a complete mixed as few have mentioned that they have participated in these religious practices and some have mentioned they haven't.

2.1.1 General practices.

The participants those who have participated in the religious rituals of the spousal family mention that the ritual conducted by them wasn't a very important or very significant in matte and thus they did it. The following are the excerpts from their interview.

"Sat for a mass and also fasted during their period of length. I respect all religions, so it was no big deal. But it was awkward with the not going out for shopping and watching movies during the length period." (p.p.3, personal communication, 21 December, 2015)

"Yea, yes, every Christmas we celebrate every Easter we celebrate actually more than my husband I am more I do more Christian celebration so I insist on visiting church and I insist on umm somewhere at least let us be art of some group or church because it will other effects kids can have better school and their other cultural activities can be enhanced like if they are in a choir or singing this kind of orientation they can have more if we are in this kind of group but as of now we have are very neutral. Yes I do participate and all." (p.p.5, personal communication, 28 December, 2015)

"Not the major ones. But general ones like puja during diwali, at first it felt weird but then we light candles instead of diyas so it doesn't really make a difference." (p.p.4, personal communication, 26 December, 2015)

One response that stood out was of the participant who mentioned that her participating in the ritual was a distressing to her due to difference of customs and she mentioned that she felt horrible about the custom here is her response to the question.

"I remember it one incident when there was a puja in my relative's house and I was down with periods that time I went and did the puja part and when they came to know they looked down on me and then I was made to sit separate even while eating food I was asked to sit separately which was really odd for me. One incident that time that made feel really bad was so during the puja they were just giving Ice cream and you know my masi as in mother-in-law's sister instead

of giving it to me in my hand she slid it down to me so that I can eat it and I felt horrible about it you know" (p.p.6, personal communication, 19 December, 2015)

2.1.1 Practices against their religious ideologies.

When asked about their participation in any customs or traditions that belong to their spousal family's religion but are against their own religious ideologies most of the participants denied in indulgences in these practices. The following are their responses.

"No I have not he has never asked me. I sit next to him when he prays and vice versa." (p.p.1, personal communication, 22 December, 2015)

"Not in a negative way like ummm……. i don't know in baptism of my niece we were supposed to be the godfather and mother since I wasn't a Christian I couldn't participate in it." (p.p.6,personal communication, 19 december,2015)

"No I haven't I had decided to marry with this condition that I will not participate in religious acts as I don't know what they signify and without faith I don't want to hurt the sentiments of them" (p.p.5, personal communication, 28 december,2015)

"No I haven't." (p.p.3, personal communication, 21 December, 2015)

"My religion says that I should bow before another god as own and I believe that. And most of our rituals are pretty much similar and neither of our festivals crash so it didn't really matter to me but Haven't yet participated in anything that's against my ideologies" (p.p.4,personal communication, 26 December, 2015)

2.2 Conflict against religious confirmation.

Religion does have an influence with the daily activities and customs also it does affect the mode conduct in terms of the traditions. Thus they were asked about whether religion has been an issue of conflict with their spouses.

2.2.1 No it is not an issue of conflict.

When asked the participants whether difference in religion has caused a conflict between them and their spouses most of them said no it hasn't been issue of conflict. the following are their excerpts.

"No, not really but once I participated in a puja when I was on my period which got my mom in law a bit annoyed but then she understood that I wasn't aware about this so she forgave me.

However with my husband we've never had such a fight." (p.p.5, personal communication, 28 December, 2015)

"No religion has never been like that we have always had discussion," (p.p.1, personal communication, 22 December, 2015)

"Nothing to talk about. Even he accompanies me to temple at times." (p.p.2, personal communication, 27 December, 2015)

*"Never. (I feel blessed to say so)." (*p.p.3, personal communication, 21 December, 2015)

2.2.2 Yes it has been an issue of conflict.

Two of the participants have mentioned that yes there was a conflict between her and her spouse where the difference of religion has been the main topic. The reason for the conflict was the uncomforted with the traditions and family involvement. Here are the excerpts from their interview.

*"Ya in the sense umm..see there are certain rituals which he is not comfortable specially Hindu related thing umm where umm when we go to temple we have to remove the shirt he is a little uncomfortable and have to remove the chappal and during my periods I have to stay of the temples theses all make him uncomfortable. And I am from the south, south kerela and we have a totally different culture wherein we pray to the spirits and that kind of and we have to give owing by animals which he is not at all comfortable though I don't personally do that but my family and relatives do that which he is not all comfortable which he prefers not to attend that makes me uncomfortable and I have to attend this creates a void there only in that circumstances."(*p.p.6, personal communication, 19 December, 2015)

"Yes I mean I used to go to church everyday he slowly started objecting I mean he started keeping things the time I had to go to church and there were lot of issues and things were the second one came in and there were lot of issues happening I spend a lot of times with the kids so he felt neglected such thing started happening and then he stopped me from going to church and he wouldn't come first he used to come to the church also an I started feeling alone like then I used to take the kids then he would have objections with that and slowly the kids would also try their way out the younger one said you're a Christian you go and I am a Hindu and I will stay." (p.p.4, personal communication, 26 December, 2015)

2.3 Balance of religious practices and family practices.

When asked about their ways to strike a balance between their religious practice and the spousal family practices and tradition the participants mentioned that they maintain balance mainly

through the celebration of all the festivities, the spousal family itself isn't that religious and the she herself is balanced as a person.

"When we have mass in our house my in laws come and sit for it and when there's a puja I sit for that." (p.p.1, personal communication, 22 December, 2015)

"Nothing to talk about. Even he accompanies me to temple at times" (p.p.4, personal communication, 26 December, 2015)

"I'm just myself when it comes to being a part of any religion. I gel well with my in laws as well as my maiden family so it's all celebrations and I enjoy that." (p.p.2, personal communication, 27 December, 2015)

"Well we celebrate both the religion's festival with equal enthusiasm and fun" (p.p.3, personal communication, 21 december,2015)

"My in laws are not religious so I have never been in such a situation but to maintain balance I sit and do rituals for both the religions so both the gods are happy." (p.p.5, personal communication, 28 December, 2015)

2.4 Conversion

When asked if they think it would've been better had they converted to their spouse's religion. Most of them refused the idea of it. The following are their responses.

"No. not yet." (p.p.1, personal communication, 22 December, 2015)

"No I have never given that aspect I have always experienced god talking to me when I say heavenly father he says I am with you and that is my faith very strong god the father son holy spirit is with me." (p.p.2, personal communication, 27 December, 2015)

"Never. My religion gives me enough freedom to believe in another religion and still follow mine." (p.p.3, personal communication, 21 December, 2015)

"I would like everybody to have independent thoughts and beliefs. No one should ever force any beliefs on anybody. And in the way that I would not follow anyone else's religion blindly, I cannot expect anyone else to follow mine." (p.p.4, personal communication, 26 December, 2015)

"No not at all neither does he feel so." (p.p.5, personal communication, 28 December, 2015)

However, one participant mentioned that she thinks she shouldn't have married to a person not from her own religion here is her response from her interview.

"In fact thought the other way I thought I should not have got married here and got married to someone from my religion." (p.p.6, personal communication, 19 December, 2015)

2.5 Personal conviction.

Personal conviction is based on two factors their consideration of being religious within the participants and their ways to maintain their religiosity and dynamics with their religious groups.

2.5.1 Consideration

All the participants agreed that they do consider themselves as a religious person and have a belief in God.

"Saying my prayers going for mass living a true Catholics following the commandments that god has given us." (p.p.1, personal communication, 22 December, 2015)

"Yes I consider myself as Hindu." (p.p.2, personal communication, 27 December, 2015)

"Faith and belief gives birth to a religion, this is my opinion. " (p.p.3, personal communication, 21 december,2015)

"Cannot define but its one's belief in a particular God and following certain teachings". (p.p.5, personal communication, 28 december,2015)

"My spirituality or religious is my connect with people and my connect with my own self and umm basically I feel very connected with my own self and threat is when I feel I am connected to god." (p.p.6, personal communication, 19 december,2015)

"Yes yes yes, umm I have the umm background of Hinduism." (p.p.4, personal communication, 26 december,2015)

2. 5. 2 Maintenance of group dynamics

The participants mentioned their ways to maintain their dynamics with their religious groups.
"I do my daily puja and fast once in a while whenever there are festivals. Also celebrate them." (p.p.3, personal communication, 21 december,2015)

"Yes, for what my family taught me when I was growing up, I still retain that. These include believing in Karma, not eating meat and loving all groups of human beings." (p.p.4, personal communication, 26 december,2015)

"I go to the church every Sunday and do my daily prayers which are what prescribed in my bible. What a true good catholic should do." (p.p.1, personal communication, 22december,2015)

"Praying to Christ going to church every Sunday and following the commandments of Christ." (p.p.2, personal communication, 27 december,2015)

*"That's what I don't relate myself with the group as such I maybe Hindu within myself and follow within myself, nothing specific if there is a festival then introducing the festival to the kids where they need to be aware I do and if I don't do there isn't something I feel I should be doing so I don't feel anything even if I cannot do, if I can do I will do." (*p.p.5, personal communication, 28 december,2015)

2.6 Adjustment issues.

The adjustment issues post marriage was mainly family tradition based and their expectation based.

"No since I'm staying in a nuclear family. However, I did have issue with my extended family and rituals but now I am kind of learning everything as well." (p.p.3, personal communication,21 december,2015)

"Yes though not difficult per se but I did take time to adjust to the food and smaller living place like though being a Maharashtrian we used to eat non-veg but that wasn't everyday but on certain days here we eat it everyday so it was difficult also the cooking style and the type of masalas etc. was different and back at my parents' house we were 4 people in 3-bedroom house and here the living space was smaller so it took time but no it all good." (p.p.2,personal communication, 27 december,2015)

"No I never had any problem my father in law was a very good man and members of the family were very good so I never had problem of going to church or anything an when they had their function I was the one who took care of everything for them." (p.p.1, personal communication, 22 december,2015)

"It was difficult for me to believe that my husband does not share any strict views towards his religion. He believes in God but not in any particular religion. Neither him nor is family very

religious. However, they all respect other peoples' religions and that makes me proud of them." (p.p.3, personal communication, 21 december,2015)

"Ummm. not really one was I was open and second I did have an exposure of Christianity from my very childhood and umm third thing is that as I am not rigid I was ok I do conduct all the things that are there in Christianity and I do all the thing that are there in Hinduism so there's no conflict." (p.p.5, personal communication, 28 december,2015)

2.7 Second thoughts about marriage.

When asked the participants whether they did have any second thoughts about marrying in another religion they mentioned they yes did have those thoughts and their main worry as the adjustment with the family customs and tradition. However, those who said they didn't have any second thoughts they were more confident in their partner rather than the family altogether.

"Of course 2nd, 4th, 5th, 6th, 7th so many thoughts. no I said no this one thing actually it was to satisfy my ego that I have chosen how I can fall in front of the society that you know he is not right choice that was the thing that I held no to at that particular time and I wasn't so aware also that this is not the reason to get married and there was no guidance see basically what we feel you have this rebelling attitude that I have done the right choice and correct person you don't go to the depth of the things of you need to relate to the person and understand the person so that time that awareness was not there and was there any prepatory course except for that when it came to this we realized we are different. "(p.p.1, personal communication,22 december,2015)

"Yes I did have second thoughts many times but then I realized that even when we were dating we had issues which we solved together by talking and its thru communication everything can be solved so I knew that my husband will understand me and support me." (p.p.2, personal communication, 27 december,2015)

"No. I was in this relationship for 8 years before marriage, so knew what I was in for. But then yes there were pre wedding jitters as being in a relationship is one thing and getting married is another thing. So I did think if it was worth it but then of my 8 years and I knew it will be alright." (p.p.3, personal communication, 21 december,2015)

"No there were no second thoughts we both loved each other and we decided to get married" (p.p.4, personal communication, 26 december,2015)

"As in umm.. no I was very comfy with the person these things were not very significant in our lives it was a very secondary thing. So that's why we went ahead." (p.p.5, personal communication, 28 december,2015)

*"No, we cleared our thoughts on our beliefs in religion. I am currently happily following my religion and hold all my religious values. My partner doesn't intervene between me, my god and my beliefs." (*p.p.6, personal communication, 19 december,2015)

DISCUSSION

"When the subject may or may not have experienced a period of crisis and has neither decided upon a religion nor is s/he bothered about it but also shows a preferred inclination towards a particular religion in his/her daily routine and gives the impression that s/he is ready to give up if the opportunity arises, the person then is going through identity diffusion (Marcia, 1966)". Marcia developed the theory of identity statues where he divided the states of identity formation into four states viz. identity foreclosure identity diffusion, identity moratorium and identity achievement. These four states are the basic states an individual during adolescences goes through in order to achieve the in order to achieve a healthy psychological unity of self (Moulin,2013) .

In a multi-religious society like India the culture and society plays a vital role in identifying and formation of the religious identity (Das, Tripathi, Das & Roy. 2015). thus the possibility of having a one particular religious is very less which is seen in the present data where the participants are females and have married into another religion.

The participants have shown a general acceptance of another religion however they still in certain forms maintain the religious identification with ones they were raised with during childhood. The formation of identity diffusion as a state was from Erik Erickson's ego-identity theory where he views the identity formation among adolescents with a psychosocial perspective. With the help of the same frameworks the author developed the questions for the interview where in the author aimed at exploring the acceptance of a new religious practices and culture within the participants of the study and their social group.

Based on the finding of the interview the participants were generally acceptant towards the religious practices of the spousal family however there was an apprehension about their decision of marrying into another religion due to factors like the spousal family acceptance when it comes to certain rituals and due to the difference in the way of living. This contributes to the factor of possible identity diffusion.

Apart from the apprehension within themselves the participants also mentioned they would have their children to follow the religion which they are currently following it portrays that they would have some part of their own childhood upbringing to contribute to their method of upbringing of children based on the definition of identity diffusion given by James Marcia a subject is not bothered by the decision of religion but does show an inclination towards it in their

daily activities, the decision of most of the participants to get their offspring to follow their own religion shows an inclination of identity diffusion. Also when questioned about their acceptance of another religion if their child decides to marry into another religion most of the participants said that they would accept their child's decision thus based on the definition of identity diffusion the subject will give up the impression (of the formed identity) if something better arrives. Here the betterment is the happiness of the child and future of the child thus proving that there exist identity diffusion within married females when married into another religion.

Religion is one domain in which people tend to undergo patterns of change, both between childhood and adulthood and across the adult lifespan (Levin & Taylor, 1997; Uecker, Regnerus, & Vaaler, 2007), but little is known about the influence of religion on development of identity. For many, religion is an important factor in formation of social identity (Deaux, Reid, Mizrahi, & Ethier, 1995), and association with religious groups are among the most basic and central sources of social identity (Lickel et al. , 2000; Turner, Hogg, Oakes, Reicher, & Wetherell,1987). Religion includes not only identifying with the group but also the individual's overt and covert behaviours and how much do they actually believe in what they do. "The relative importance of these elements varies between religions and cultures contributing to even greater complexity of identities" (A. B. Cohen, 2002, 2009) individuals have different level of social identities based on their level and dedication towards the group, beliefs of religion and actually performing the roles expected out of them.

The data does show a strong sense of religious identification as they do not only consider themselves as a religious person but they also mention the various practices that they conduct during their daily activities. Their personal conviction talks about their identification with their religion. The biggest give away of their strong sense of identification of their religion comes from the refusal to convert or even think about converting to their spouse's religion. According to Levin & Taylor, 1997 there are people identify with their religion on two different ways one is through their daily religious activities such as going to church or performing the morning puja etc, most of the participants in some or the other form do engage in these daily activities and the second category are those who need not require to do these activities in order to call themselves religious. Two of the participants of this study mentioned that they aren't a religious person but they do belong to a religion and consider the higher being above. All of this shows their socialization efforts to identify with a particular religion.

The covert behaviour of the participants also shows how they have a strong identification with a particular religion when the participants were questioned about their participation in rituals that are against their religious ideologies and teaching they all strongly refused about it. They also mentioned that they did have worries and jitters about the difference in religion and also the

adjustment within the tradition and customs. Thus this shows that religion does have an influence on the individual's identity formation and there exist religious identity.

CONCLUSION

With the data and the analysis it shows that yes there exists a religious identity and religion does play a role in the formation of identity. When people are introduced to a new context and religion they hold on to their religion and they tend to have diffusion within their formed identity.

LIMITATIONS

The study is conducted on females who haven't converted and thus it is limited only to that population. There can be possibility that the identification with religion can still persist amongst females who have agreed on conversion for the sake of marriage. The sampling technique used was a convenient sampling and thus there can be a possibility of having socially desirable answers for certain sensitive questions.

IMPLICATIONS OF THE STUDY

This study will contribute in the research field of religious identity. It will also give a light to the compromise of identity that people who ignore their identity for the sake of love. With the help of this study one can learn to identify with their religious inclination and improve their inter-personal relationship with the spousal family as they will be better aware about themselves.

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Conflict of Interests

The author declared no conflict of interests.

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